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Tar Heel Nurse

Volume 40, Number 1 Official Publication of the North Carolina Nurses Association January-February 1978

Budget reflects drop in revenue

The NCNA budget for 1978, adopted by the Boord of Directors at its December meeting, totals $144,194.94. It is slim to the point of austerity.

Last year, the budget (revised in April 1977) totaled $175,799.00. Our income totaled $154,248.02. We eked by becouse of economies instituted during the year, by drawing on funds carried over from the previous year, and by not making any additions to savings and reserves.

What has happened to couse this steady decline in our resources?

1. There hos been a decrease in membership. Over the past two years, membership has dropped from 3,756 on December 31, 1975, to 3,289 on December 31, 1977. This has occurred in spite of increased program activities and o 75th Anniversary year of numerous special projects.

2. Some gronts and other sources of revenue previously availoble to supplement dues income ore no longer available. In 1977, NCNA received an average of $31.57 per member in dues income. Our total budget reflects expenditures averoging $52.04 per member. Revenues generated from sources other than dues made up the difference.

Other factors have contributed to the budget crunch.

1. Inflation has caused our resources to buy less and less.

2. We foiled to sell the histories and logos in which the 75th Anniversory Committee invested to finance mony of the special projects.

The current budget reflects the following restrictions:

1. No funds are budgeted to support NCNA delegates to the ANA convention.

2. Trovel for officers, committees, commissions, other structural units, and staff is cut to $5,000 for the year. Last year a totol of $10,498.00 was budgeted for all travel.

3. Districts are requested to bear travel expenses for staff visits and for meetings of the Council of District Presidents.

4. The Board will establish priorities for

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NEW PUBLISHING SCHEDULE

Under the present budget, the **Tar Heel Nurse** will be published only six times this year. The new schedule will be bimonthly.

Formerly, the newsletter wos published 10 times each year, with combined May-June and July-August issues.

Districts to elect new delegates for '78

As NCNA prepores for its first annual convention in a decade, districts are preparing for a spring election of delegates.

A new timetable and new basis for representotion are in effect, mandated by bylaw omendments odopted by the 1977 House of Delegotes. Representotion at the NCNA convention is based on one delegate for 15 members, as of membership on record December 31, 1977. Districts are to notify NCNA of their official delegates ond alternotes by June 1, 1978. This ollows more thon four months to share with delegotes information on issues they will be considering.

Notices allocating 1978 delegotes have been sent to districts, with guidelines for conforming to the new election timetoble. For the 1978 delegates, term of office will be one year. Thereafter, terms will be two years.

The 1978 House of Delegates will total 265, which includes 15 members of the Board of Directors. The district representation includes one delegate-at-large from each district.

Four NCNA members are ANA candidates

Four NCNA members ore on the ballot for ANA office for the 1978-80 biennium.

Dorothy M. Talbot, professor and chairman, Department of Public Health Nursing, UNC-CH School of Public Health, is a candidate for director.

Marian D. Whiteside, faculty member at UNC-Greensboro School of Nursing, is a candidate for the Commission on Human Rights.

Carolyn A. Williams, faculty member, UNC-CH School of Public Health, is a candidate for the Commisson on Nursing Research.

Loletta A. Faulkenberry, faculty member at UNC-Greensboro School of Nursing, is a candidate for Congress for Nursing Practice.

NCNA sent suggestions for several offices to the ANA Nominating Committee. Elections will be held at the ANA convention in Hawaii in June.

Membership set as '78 priority

Positive steps have been token by the Boord of Directors to improve the Association's political clout and financial resources through broadening its membership base.

Faced with declining membership, budget restrictions, ond growing urgency for a politically strong nursing entity, the Board hos designated membership promotion as the first priority for 1978.

Eoch structural unit is requested to make membership promotion its top priority. A representative Membership Committee has been appointed ond will be funded—one of the few committees to receive funding. Atho Raulston, a past president, and director of public health nursing, Guilford County Health Department, is chairman. Members are: Noncy Sumner, Barbaro Synowiez, Phyllis Nichols, Linda Crouse, Betty Gorrison, Virginia Tate, Margaret Ann Chotham, Shoron Jocques, ond Norma Newmon. The Committee held its first meeting on February 6.

Districts con expect to receive guidelines soon on membership promotion activities ot the locol level.

Other positive steps taken by the Board to meet financial demands include:

- Requested the 75th Anniversary Committee to devise methods of selling the Anniversary year items to recoup the expenses incurred.
- Requested districts to conduct fundroising projects to support the North Carolina delegates to the ANA convention. A goal of $400 per delegate is suggested.

Actions of the Board

The Baard af Directors at a meeting an December 19 taak the following actions:

- Heard a repart an efforts of North Carolinians United for ERA and an NCUERA plans far more active invalvement of member arganizatians in the ERA campaign.
- Adopted a budget far 1978 based on funding program activities according to Baard-established priorities, to be reviewed at each meeting.
- Voted to request districts to canduct fund-raising projects ta suppart NCNA delegates to the ANA convention.
- Established priorities for funded meetings of structural units.
- Directed that the CERPragram be made self-supporting as saan as passible.
- Charged the Membership Committee to formulate plans far a sustained membership campaign and made suggestians far appointment of the chairman of this committee.
- Autharized installatian af energy-saving equipment in headquarters building, ta be paid for from the Building Fund (capital impravements) ta save an energy cansumptian.
- Requested the 75th Anniversary Committee ta devise plans for stimulating sale af the histary baaks reprinted as cammittee prajects.
- Directed that ANA delegates and alternates be notified of lack af NCNA funds ta suppart canventian attendance; af the request that districts conduct fund-raising projects for this purpase; and af delegate respansibility ta share the canventian experience with the membership.
- Referred various actions of the 1977 House of Delegates ta apprapriate structural units far implementatian.
- Adapted as a general guideline far the framewark af the 1978 convention the recommendations of the Ad Hac Cammittee on Conventions.
- Heard a progress repart on the work af the Legislative Study Committee on Rales af the Physician's Assistant and the Nurse Practitioner.
- Reviewed a draft of a positian statement being developed by a Liaisan Cammittee of NCNA and NCMS an Physician's Assistants and Nurse Practitianers and made suggestians far changes.
- Autharized funding of two representatives (President and Executive Director) to the ANA Invitatianal Conference an Entry into Nursing Practice to be held February 13-14, 1978, in Kansas City.
- Requested Margaret Keller to chair a cammittee to develop a prapasal to be submitted to the North Caralina Humanities Committee far a follow-up project ta the 75th Anniversary Lecture Series.
- Voted to support the namination of Daisy Best for the 1978 ANA Mary Mahoney Award.

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Shawn at the signing af a new cantract at VA Haspital in Durham, left ta right, are: Jaan Baunds, chairman af the RN Bargaining Unit; Jaan Reid, assaciate executive directar af NCNA; Danald S. Burnette, assistant haspital directar; and Danald Bishap, chief af persannel. Renegatiatian af the cantract far the RN Bargaining Unit taak place last fall, and the signing taak place Octaber 27. VA Central Office appraval came in January.

FULL TIME FAMILY NURSE PRACTITIONER FACULTY POSITION with certificate pragram at the Mauntain Area Health Educatian Center in Asheville, N. C. FNP Program is an affiliatian with the University af North Carolina at Chapel Hill. Invalves teaching, clinical preceptorship, pragram caardinatian and evaluation and develapment af mental health curriculum under new grant. Clinical practice appartunities. Located in beautiful Western Narth Carolina mountains with hiking, skiing, summer sports available. FNP prepared at Master's level required. Clinical experience preferred. Far additional information an salary, fringe benefits, contact FNP Directar, MAHEC, 501 Biltmare Ave., Asheville, N.C., 28801. Phane: 704/258-0881. EQUAL OPPORTUNITY EMPLOYER.

Spaces still available on NCNA-endorsed tour plan for ANA convention in Hawaii

Space is still available an the Circle Tours special ANA conventian trip ta Hawaii. June may sound far away, but thase planning ta attend the convention should make reservatians NOW ta facilitate final trip plans by the Taur Campany.

The nine-day special taur, endorsed by NCNA, is designed far Narth Carolina nurses. The price is $699. Departure paint is the Raleigh-Durham airpart. Narth Carolina nurses will stay together at the deluxe Hawaiian Regent Hatel, NCNA headquarters. The trip allows far twa free days before and twa after the conventian.

Write for a brachure, ar use the form belaw to make yaur reservatian.

Remember that cost af attending your professianal arganization canventian is tax-deductible!

RETURN TO:

N.C. NURSES ASSOCIATION/HAWAII '78
Circle Tours, Inc.
P.O. Box 12318
Research Triangle Park, N.C. 27709

I am definitely interested in the N.C. Nurses Convention trip to Hawaii June 7-16, 1978. Please send me additional infarmatian.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Editor's note:

The Position Statement appearing on this page is being disseminated widely to individuals and groups concerned with the educational needs of registered nurses. Approved by the NCNA 1977 House of Delegates, the statement represents efforts initiated by the educational forums to address the problems of registered nurses seeking the baccalaureate degree in nursing.

In disseminating the statement, the Board of Directors emphasizes its support of the baccalaureate degree **in nursing** *for registered nurses. The baccalaureate degree in disciplines other than nursing does not qualify the student for a master's program in nursing, nor does it meet educational requirements for many nursing positions.*

Nurse-PAC schedules first annual meeting

Nurse-PAC is holding its first annual meeting on Saturday, February 18, at 10 a.m. in NCNA headquarters. Elections and adoption of the primary focus for 1978 are major agenda items.

Following are the candidates who have consented to date: For vice-chairman, Jonie Mitchell of Chapel Hill and Ora Davis of Greensboro; for secretary, Margaret McClintock of Chapel Hill and Johnea Kelley of Durham; for trustees (two to be elected for one-year terms), Sharon Jacques of Cullowhee, Gale Touger of Raleigh, Loletta Faulkenberry of Burlington, and Rosan Hutter of Durham; for trustees (two to be elected for two-year terms), Gwen Jones of Durham, and Janet Campbell and Linda Strother, both of Raleigh.

A Nurse-PAC membership/contribution form appeared in the December **Tar Heel Nurse.** Membership dues may be paid at the door at the February 18 meeting.

ASST VP NURSING SERVICES
LEXINGTON COUNTY HOSPITAL
W. Columbia, SC is seeking to fill this newly created position. Responsibilities include operational management of nursing department. Qualifications include: BSN, 3-5 years of responsible supervisory experience. Apply to:
Director of Personnel
2720 Sunset Blvd.
West Columbia, SC 29169

BOARD . . .
(continued from page 2)

- Made suggestions for additional committee appointments.
- Selected locations for hanging of three portraits in the headquarters building.

North Carolina Nurses Association

Position Statement on Legislation to Facilitate Baccalaureate Education for the Registered Nurse

The nursing profession, largest of the health professions in North Carolina, is experiencing the impact of advancement of scientific and technological knowledge; changing patterns of health and illness of population groups; changes in the delivery of health care systems and financing mechanisms; and demand for accountability for the cost and quality of health care services.

Consequently, health care of the future will require that all who are licensed to practice be capable of providing skillful humanistic care to meet the complex needs of clients in a wide variety of settings.

In the evolution of the nursing profession in the United States, three avenues for the preparation of registered nurses have been developed—the diploma (three-year hospital based), baccalaureate degree (four-year university or college based), and associate degree (two-year technical institute or community college based). Mobility of students between these three educational programs is being studied.

According to the most recent statistics available, the diploma or associate degree is the highest education attained by approximately 80 percent of the registered nurses currently practicing in North Carolina. These persons provide a valuable resource for the numbers of baccalaureate prepared nurses needed for the future. Because there is a trend toward baccalaureate education for entry into the practice of nursing, diploma and associate degree prepared nurses are expressing a need for baccalaureate preparation in nursing. Educational opportunities to pursue the baccalaureate degree are essential, and although the eleven generic baccalaureate programs in North Carolina have made strides in providing these opportunities*, there still remains a need in this state to assist a greater number of motivated and qualified graduates of diploma and associate degree programs to earn the baccalaureate degree in nursing.

NCNA believes that programs for the registered nurse in baccalaureate schools of nursing must be specific to the needs of the licensed practitioner and must identify and build upon the individual registered nurse's background of education and experience. The baccalaureate programs also must continue to address the current problems of the registered nurse seeking a degree, such as: cost, commuting distances, limited openings in university and college based programs, difficulty in the transfer of college parallel credits, lack of part-time study options, and lack of research in developing reliable and valid tools for the registered nurse to demonstrate pre-existing knowledge and competence. Constraints related to full-time equivalent funding and the general admission policies of the educational institution, as well as those of some schools of nursing, need to be re-examined.

NCNA believes that unsound ventures such as the granting of blanket credit to registered nurse students for previous educational experiences in nursing must be avoided. Such a policy could deny the student fair placement and appropriate learning opportunities that are based upon the student's previous learning.

NCNA recommends:

1) that the General Assembly appropriate funds to strengthen and expand programs for registered nurses seeking baccalaureate degrees in nursing.
2) that these programs be based in accredited generic baccalaureate schools of nursing.
3) that these programs be funded on the basis of proposals submitted to the Board of Governors. The proposals should include innovative educational methodologies, such as off-campus courses, evening courses in nursing, etc., and should address the specific problems outlined in this document.
4) that these programs provide:
   a) innovative methodologies for individual assessment of the registered nurse's previous learnings;
   b) development and implementation of learning experiences for the student, building on that assessment and leading to a baccalaureate degree in nursing;
   c) administrative freedom for the schools of nursing to modify institutional policies on a trial basis.
5) that the institutions conducting these programs prepare a biennial report and evaluation of the project and make the report available to the public.

Adopted by House of Delegates, October 1977

*"Opportunities for the Registered Nurse in Baccalaureate Education in Nursing in North Carolina", March 1977, brochure published by North Carolina Nurses Association

Position Statement of North Carolina Nurses Association and North Carolina Medical Society on Nurse Practitioners and Physician's Assistants

Introduction

A liaison committee of NCNA and NCMS was established in mid-1977, composed of three representatives from each profession, to discuss the implications of HB 1216 and to identify areas of mutual agreement. The committee has adopted the following document.

Education and Training

There is general agreement in the committee that physician's assistants and nurse practitioners[1] should be broadly and thoroughly trained by instructors who have experience in their field. This training should be a program of study formally affiliated with a university that has a program in nursing and medicine. This affiliation should include direct involvement of the teaching center in the selection of students, design of curriculum, approval of instructors, student evaluation, and certification of training.

Recognized teaching hospital and primary care settings should be the sites of clinical instruction, with experienced physicians, nurse practitioners and physician's assistants to provide constant instruction and supervision. Of particular importance is an experienced teaching staff in physical assessment (or physical diagnosis), clinical pharmacology and aspects of the respective roles of physician's assistants and nurse practitioners in terms of delivery of safe, efficacious primary care.

Approval to Practice

Nurse Practitioners, as members of the nursing profession, must be licensed first as nurses. They must also be approved in accordance with rules and regulations of a joint subcommittee of the Board of Nursing and the Board of Medical Examiners. If they perform any medical acts as nurse practitioners without such approval, they may be subject to both criminal and civil liability.

The American Nurses' Association conducts certification programs to credential nurse practitioners, which includes the successful completion of a nationally administered examination. This certification procedure might, at a future time, also be incorporated into the requirements in North Carolina for approval to practice as nurse practitioners.

Requirements for practice in North Carolina, such as successful completion of an exam, are determined by the Board of Medical Examiners for Physician's Assistants, and by the Joint Subcommittee of the Boards of Nursing and Medical Examiners for Nurse Practitioners. Existing rules and regulations may change from time to time as credentialing mechanisms are developed and standardized nationally.

Physician's Assistants are not independently licensed, but practice under the license of an employing or supervising physician. They are, however, required to be approved by and annually registered with the Board of Medical Examiners. If they perform any medical acts as an assistant to a physician without such approval, they may be subject to both criminal and civil liability.

National examinations, conducted by the National Board of Medical Examiners, are now given for physician's assistants. Successful completion of this examination has now been adopted as a requirement for approval of physician's assistants to practice in North Carolina. This examination also requires periodic recertification.

There is, however, no legal restriction on any unapproved person using the title "nurse practitioner" or "physician's assistant", or holding oneself out as performing those roles.

The committee suggests that the present confusion and concern by members of both professions with respect to informally trained practitioners could be assuaged by a legislative **requirement** for approval to practice for those using the titles "physician's assistant" and "nurse practitioner", or holding themselves out as performing those roles.

Definitions

The committee recognizes the wide variation in knowledge and understanding of the scope of practice of physician's assistants and nurse practitioners. The committee presents the following definitions of those roles for information:

ANA definition of the term "Nurse Practitioner"[2].

A nurse practitioner is a licensed professional nurse who provides direct care to individuals, families and other groups in a variety of settings including homes, institutions, offices, industry, schools and other community agencies. The service provided by the nurse practitioner is aimed at the delivery of primary, acute or chronic care which focuses on the achievement, maintenance or restoration of optimal functions in the population. The nurse practitioner engages in independent decision making about the nursing care needs of clients and collaborates with other health professionals, such as physicians, social workers and nutritionists, in making decisions about other health care needs. The nurse practitioner plans and institutes health care programs as a member of the health care team.

The acquisition of knowledge in depth and competence in skill performance in a particular field of practice enables this practitioner to:

1. Assess the physical and psychosocial health-illness status of individuals and families by health and developmental history taking and physical examinations,
2. Evaluate and interpret data in order to plan and execute appropriate nursing intervention,
3. Engage in decision making and implementation of therapeutic actions cooperatively with other members of the health care team.

This practitioner institutes and provides health care to patients within established regimes such as supervising and managing normal pregnancy and delivery, pediatric health supervision and diagnostic screening. The nurse practitioner provides counseling, health teaching and support to individuals and families. The nurse practitioner is directly accountable and responsible to the recipient for the quality of care rendered.

American Medical Association definition of Role of "Physician's Assistant"[3]:

The ultimate role of the assistant to the primary care physician cannot be rigidly defined because of the variations in practice requirements due to geographic, economic, and sociologic factors. The high degree of responsibility an assistant to the primary care physician may assume requires that, at the conclusion of his formal education he possess the knowledge, skills, and abilities necessary to provide those services appropriate to the primary care setting. These services would include, but need not be limited to, the following:

1) The initial approach to a patient of any age group in any setting to elicit a detailed and accurate history, perform an appropriate physical examination, and record and present pertinent data in a manner meaningful to the physician;
2) Performance and/or assistance in performance of routine laboratory and related studies as appropriate for a specific practice setting, such as the drawing of blood samples, performance of urinalyses, and the taking of electrocardiographic tracings;
3) Performance of such routine therapeutic procedures as injections, immunizations, and the suturing and care of wounds;
4) Instruction and counseling of patients regarding physical and mental health on matters such as diets, disease, therapy, and normal growth and development;
5) Assisting the physician in the hospital setting by making patient rounds, recording patient progress notes, accurately and appropriately transcribing and/or executing standing orders and other specific orders at the direction of the supervising physician and compiling and recording detailed narrative case summaries;
6) Providing assistance in the delivery of services to patients requiring continuing care (home, nursing home, extended care facilities, etc.) including the review and monitoring of treatment and therapy plans;
7) Independent performance of evaluative and treatment procedures essential to provide an appropriate response to life-threatening emergency situations; and
8) Facilitation of the physician's referral of appropriate patients by maintenance of an awareness of the community's various health facilities, agencies, and resources.

Definition of Physician's Assistants and Nurse Practitioners in North Carolina:

In North Carolina, stipulations of scope of practice and provisions for

supervision are delineated in the approval to practice application of the NP/PA. The Committee suggests that these matters be made explicit, in written form, and available to all who are concerned.

The relationship of the physician's assistant and the registered nurse in a setting where the nurse may carry out the order of a physician's assistant is one of collaboration in the provision of patient care. The role of the physician's assistant in writing orders reflects the use of diagnostic and analytic skills complementary to the practice of nursing. The relationship of the nurse practitioner in writing orders is a similar one. However, a nurse practitioner may, in addition, carry nursing responsibilities which include provision and supervision of nursing care.

Issues:

During the decade of their existence, nurse practitioners and physician's assistants have demonstrated their impact on health care delivery. This has promoted increased utilization of, and responsibilities for, these health care providers. This increased utilization, however, also has brought certain issues and problems to the forefront:

1. The responsibility of other health care providers in carrying out prescribed orders;
2. practice approval procedures and requirements;
3. education, training and continuing education requirements for practice;
4. authority and responsibility for the regulating and monitoring of the individual's practice for competence and public safety.

Recommendations

The Committee recommends that:

1. Nurses are permitted to follow written medical orders of nurse practitioners approved, or physician's assistants registered, to practice under the laws of North Carolina under the following conditions:
   a. Nurses are recognized as having the right and responsibility to question and/or refuse to carry out any order if there is reason to doubt its accuracy, validity or safety for the patient.
   b. Acceptance of such an order by a nurse does not imply that a supervisory or directive relationship exists between the PA/NP and the nurse who accepts such an order. The order is viewed as a communicative function between two responsible professionals, in the best interest of the patient.
   c. The nurse carrying out such an order should have the following evidence:
      . The nurse practitioner is currently approved or the physician's assistant is currently registered for practice;
      The order is consistent with the approved functions for the individual provider as contained in the application filed by the PA or NP jointly with the responsible physician. A written copy of the approved application must be on file in the institution and available to the RN.
      . A copy of the written standing orders of the physician's assistant or nurse practitioner including medication orders must be available for immediate verification by the RN, as required under GS 90-18 1.
      . In order to further assure the presence of a chain of responsibility, practices and procedures must be approved by the medical staff of the institution after consultation with the nursing administration.

   Failure to provide the above evidence constitutes sufficient cause for refusal of the nurse to carry out the order written by the nurse practitioner or physician's assistant.
2. Each hospital or other unit should consider, as a part of its rules and regulation, proper surveillance of the qualifications of individuals, such as licensed practical nurses, to adequately interpret and carry out written orders, particularly those transmitted by physician's assistants and nurse practitioners.
3. See previous section for recommendation on approval to practice.
4. See previous section for recommendations on education and training. In addition, we recommend that the approval and registration process incorporate mandatory continuing education.
5. The Board of Nursing and Board of Medical Examiners should be responsible and accountable for the regulating and monitoring of the individual's practice in terms of possible violations of regulations, unauthorized practices, or unsafe actions. The Boards must make clear to the public and all health professionals that violations will not be permitted and that the safety and interests of consumers will be protected.[4]
6. The Board of Nursing and the Board of Medical Examiners publish an annual list of individuals approved or registered. These published lists should be widely distributed among physicians, nurses, hospital administrators, pharmacists, and others who might wish to confirm the status of a given practitioner.
7. Standards for approval of training programs for physician's assistants and nurse practitioners should continue to be the responsibility of the medical and nursing licensing boards; however, the Committee feels that the state should expect such requirements to be of sufficient excellence to protect the public and to inspire confidence in these individuals among patients and other health professionals.

Summary:

This Committee recommends that legislation which is proposed to the General Assembly in 1978 contain the following elements:

1. Mandatory approval for nurse practitioners;
2. Mandatory registration for physician's assistants;
3. Registered nurses be permitted to carry out written medical orders of nurse practitioners and/or physician's assistants under the conditions set forth in this document.;
4. The responsibility and accountability for regulating and monitoring the functioning of nurse practitioners and physician's assistants rests with the respective licensing boards.;
5. Lists of approved nurse practitioners and registered physician's assistants be made available annually by the licensing boards.

1. "Nurse Practitioner" in this document is defined as a registered nurse who functions under provisions of GS 90-18 (14) and GS 90-162.
2. "Definition of the term 'Nurse Practitioner'", American Nurses Association Congress for Nursing Practice, April 1972.
3. Essentials of an Approved Education Program for the Assistant to the Primary Care Physician, adopted by AMA House of Delegates, December 1971.
4. Procedures are already established in both professions, through the NCNA and NCMS, whereby a person can report a given circumstance or event and obtain an investigation, a followup report, and appropriate corrective action, if indicated. This mechanism should be publicized to both professions.

Editor's Note:

The Position Statement appearing on pages 4 and 5 was developed by an Ad Hoc Liaison Committee of NCNA and the North Carolina Medical Society on Role of Physician's Assistants and Nurse Practitioners. Following endorsement on January 10 by the NCNA Executive Committee, the Statement was presented at a hearing on January 13 to the General Assembly's Legislative Study Committee exploring the roles of PAs and NPs.

The Legislative Study Committee is expected to draw heavily on the Position Statement in drafting its report and recommendations. The Study Committee anticipates making its report to the General Assembly at its 1978 short session convening May 31.

At the same hearing, NCNA presented testimony related to the practice of nurse practitioners, their utilization throughout the state, and their contribution to delivery of health care. The film, "Portrait of a Nurse", based on the joint practice of a nurse practitioner and a physician, was included in the presentation.

CERP Approved Continuing Education Programs

DATE & LOCATION	OFFERING TITLE	CERP CREDIT	CONTACT SPONSOR FOR INFORMATION
Mar.'78 - Charlotte	Serological Investigation of Transfusion Problems	2	Gail Pearson, Red Cross, 2425 Park Rd, Charlotte
3/1/78 - Lumberton	Employee Motivation: Management Workshop for Nurses	7	Barbara McGrath, AHEC, Box 64699, Fayetteville
3/1/78 - Winston-Salem	Reye's Syndrome (AACN)	2	C. Wilson, 141-A8 Broadmoor Lane, Winston-Salem
3/1/78 - Fayetteville	Special Assessment of the Young Child	5	G. Walters, 225 Green St.,Suite 506, Fayetteville
3/6/78 - Research Triangle Park	Dealing With the Emotional and Religious Needs of Critically Ill Patients & Their Families	1	Lynn Forrest, Triangle Chpt. AACN, 3613 Willow Creek Drive, Raleigh, 27604
3/9-10/78 - Goldsboro	Fourth Annual Cherry Hospital Symposium: "Making It As A Mental Health Worker"	9	William Rogers, Dir. Staff Development, Cherry Hosp. Caller Box 8DDD, Goldsboro, 27530
3/16-17/78- Salisbury	Management of Patients With Draining Wounds, Fistula, and Decubitus Ulcers	13	Marjorie Anderson, Northwest AHEC, Bowman Gray School of Medicine, Winston-Salem, 27103
3/18/78 - Fayetteville	Cardiac Rehabilitation (Cumberland Co. Hospital)	5	Anne Williams, Box 2D00, Fayetteville, 28302
4/3/78 - Winston-Salem	Hepatitis (AACN)	2	Claire Wilson, V.P. of AACN (see address above)

COLLEGE OF THE ALBEMARLE will sponsor the following. For information contact Wilma Harris, RN, College of the Albemarle, Elizabeth City, 27909. All offerings will be offered in the AHEC facility at Albemarle Hospital.

3/14/78	"CERPs"	1 RP	4/14/78	Venipuncture & I.V. Fluids	2 RP
3/9,16,23,30/78	Arrhythmias Parts I-IV	2 RPs per part	4/21/78	Blood Administration	1 RP
4/4/78	Basic Fluid & Electrolyte Balance	1 RP	4/25/78	Chemotherapy	1 RP
4/6/78	Basic Legal Terminology	2 RP	4/27/78	The Rape Victim	3 RP
4/12/78	Nurses Notes & The Lawyer	1 RP	5/9/78	Nurses & Wills	1 RP

UNC-CHAPEL HILL SCHOOL OF NURSING will offer the following. For information contact Judith Wray, CE Div.,Some fee assistance possible

3/2/78	Nutrition for the Elderly	6 RP Fee $25	4/12/78	Drug Therapy for the Elderly---6RP---Fee $25	
3/16-17/78	Results Oriented Performance Evaluation	12 RP Fee $50	4/20-21/78	New Look at Patient Teaching---13 RP --Fee $50	
3/17,24,31 & 4/6-7 in GREENSBORO	Leadership for the Health Professional - Phase I	30 RP Fee not listed	4/24-25/78	Practical Approach to Drug Interactions/10/$50	
4/3-7/78	Practical Approaches to Diabetic Care--35 RP--Fee $125		4/24-28/78	Management	30 RP Fee $125
			4/25-26/78	Primary Nursing	12 RP Fee $50

UNC-CHAPEL HILL SCHOOL OF NURSING will provide the following workshops through the AHECs: Hypertension Screening--12 RP---Fee $5

3/16-17/78 at Burlington. Contact Betty Erlandson,1200 N. Elm, Greensboro, 27420

3/13-14/78 at Elizabeth City. Contact Terri Lawler, EAHEC, Box 3157, Greenville, 27834

May 4-5 at Statesville. Contact Marjorie Anderson, Bowman-Gray, Winston-Salem,27103

MOUNTAIN AHEC will offer the following. Contact Katherine Nuckolls, 501 Biltmore Ave., Asheville, 28801. CEUs or CERPs will be given.

3/2,3 & 9,10 Instructors/Basic Life Support, Fee $15

3/8 NCNA Dist.1: Physical & Psychological Manifestation of Stress

3/13 The Chronically Ill Child, Fee $8

3/21,22 & 23,24 Diabetes Fee $12

3/30 & 4/1 Getting It Together. Communicating in Groups about Patient Care. Fee $15

4/11 Leadership Development: Assertive Training for Nurses Fee $20

4/12 NCNA Dist. 1: Coping with Stress as Individual

4/14 Care of the Ostomy Patient Fee $8

4/18 The Sexually Active Adolescent Fee $8

4/21 Care of the Patient in Pain Fee $8

4/27-28 Directors of Nursing - Reflections & Images - Presentation of Self in the Professional Role. Fee $15

EAST CAROLINA UNIVERSITY and EAHEC will offer the following. For information contact Terri Lawler, Box 7224, Greenville, 27834

3/14-15 at Kinston. "Management of the Diabetic Patient" 12 RP Fee not listed

4/5,12,19,26 at Greenville. "Leadership Skills" 24 RP Fee not listed

4/7/78 at Greenville. "Personality Self Development & Supervisory Skills" .6 CEU Fee $12

FAYETTEVILLE STATE UNIVERSITY Center for Continuing Education will offer a two-day workshop, "Rehabilitation of the Elderly in Treatment Settings" on April 19-20. Credit, 1.6 CEUs; Fee, $60. For information contact Mr. Therrel Brown, Center for Continuing Education, Fayetteville State U., Box 959, Newbold Station, Fayetteville, 28301

UNC-CHAPEL HILL Division of Physical Therapy will offer a workshop, "Interdisciplinary Approach to Respiratory Care" on March 7-10. Credit and Fee not listed. For information contact Continuing Education Committee, Division of Physical Therapy. UNC-CH Medical School Wing C--221H, Chapel Hill, 27514.

CERP ACHIEVERS*

Edna Long, Fayetteville
Bettie Bicknell, Hendersonville
Joan Pardue, Yadkinville
Evelyn Biggerstaff, Spruce Pine
Gayle Brown, Hamptonville

*NCNA Policy: Only first-time achievers are listed.

New approach: regional committees on legislation being formed

NCNA is trying a new approach to structuring the Committee on Legislation.

This year there will be a Core Legislative Committee representative of seven geographical areas of the state. Each member of the Core Committee will chair the Legislative Committee in his region and be responsible for developing a communication network in that region.

The idea came out of two major concerns: (1) More people volunteered to serve on the state-level Committee on Legislation than could be accommodated on a workable committee; and (2) NCNA could only fund a small state-level committee in view of the limited budget and the heavy legislative involvement anticipated.

Establishing regional Legislative Committees makes it possible for as many people as desire to be involved in the legislative activities. There is no limit on the number of members the regional committee can have. The members or their districts will bear the expense of attending meetings within their region. Each person who "signed up" for service on the Committee on Legislation will be asked to serve on the regional committee. Each regional committee can arrange its own meeting schedule and develop its own communication system.

The regions and their chairmen (all members of the Core Legislative Committee) are as follows:

Eastern Region—Evelyn Perry, Chairman. Includes Districts 17, 19, 20, 21, 24, 30, 32.

Southeastern Region—Shirley Sutton, Chairman. Includes Districts 16, 22, 27.

Fayetteville Region—Barbara Bloke, Chairman. Includes Districts 12, 14, 15, 18, 33.

Triangle Region—Gale Tauger, Chairman. Includes Districts 11, 13.

Tri-City Region—Ora Strickland-Davis, Chairman. Includes Districts 3, 7, 8, 9, 10, 31.

Charlotte Region—Louise Schlachter, Chairman. Includes Districts 4, 5, 6, 29.

Western Region—Edward Turowski, Chairman. Includes Districts 1, 2, 23, 25, 26, 28.

Every district should be represented on the Regional Committee. Members interested in serving who have not yet volunteered for legislative committee service should notify headquarters or the regional chairman.

News Briefs . . .

● The National Health Council will hold the Twenty-Sixth Annual National Health Forum March 6-8 in San Francisco. The topic is "Confronting the Contradictions in Developing America's Health Policy: Making the System Work Better Despite the Paradoxes".

● The Department of Public Health Nursing, UNC-CH School of Public Health, will sponsor a one-week program, "Risk Assessment and Modification of Life Styles: a Community Health Nursing Conference," March 20-24 in Chapel Hill. For information contact Bettye Clark, Continuing Education, UNC-CH School of Public Health 251H, Chapel Hill 27514.

● Next speakers for the Duke University Council on Aging and Human Development seminars are: March 30, 4 p.m., Anne R. Somers, professor of Community Medicine and Family Medicine, Rutgers Medical School, on "National Policy for the Elderly, What Next?"; April 4, 4 p.m., Herschel Jick, M.D., Boston University Medical Center, on "The Influence of Age on Drug Reactions"; May 3, 4 p.m., Monte Buchsbaum, M.D., National Institute of Mental Health, an "Electrical Activity of the Brain: Age Changes and Personality Differences."

● The Third Annual Oncology Nursing Society convention will be held April 5-7 in Washington, D.C. The program will feature presentation of papers reflecting research in oncology nursing. For registration information, contact Susan Baird, R.N., Norris Cotton Cancer Center, Hanover, New Hampshire 03755.

● Special sessions for nurses will be held during the 29th Scientific Sessions of the North Carolina Heart Association May 10-12 at the Radisson Hotel and the Civic Center in Charlotte. Nurses who will be program participants for the Nurses Sessions are: Shirley Mason and Nancy Milio of Chapel Hill, Carol Baxter of Charlotte, and Donna J. Rogers, Birmingham, Ala.

Nursing research meet scheduled at Duke

The third biennial Eastern Conference on Nursing Research will be held at Duke University School of Nursing April 12-14. It is designed to bring together experienced nurse researchers and others with interest in research.

Speakers will be Dr. Mary Conway, dean and professor of nursing, University of Wisconsin; Dr. Ida Marie Martinson, professor of nursing, University of Minnesota; and Dr. Susan Gartner, chief, Nursing Research Branch, HEW. There will be contributed paper sessions, with concurrent presentations.

For further information contact: Sheila Gainey, School of Nursing, Duke University, Durham 27710.

Board to consider Task Force report

The Board of Directors is scheduled to meet on Monday, February 20, at 9:30 a.m. at headquarters. The agenda includes, but is not limited to: report from the Explorer Task Force studying mandatory continuing education for relicensure; report on the ANA Conference on Entry into Nursing Practice; update on Legislative Study Committee on Role of PAs/NPs; additional appointments of committees and special representatives; progress reports from funded committees.

The Board meeting will be followed by the semi-annual meeting of the Coordinating Council (NCNA and NCLN Boards of Directors) at 4 p.m. at headquarters.

BUDGET . . .

(continued from page 1)

funded committee and commission meetings. Meetings will be funded only upon specific approval of the Board or Executive Committee. Unfunded meetings may be held at the discretion of the respective structural unit, if coordinated with staff.

5. Energy saving equipment has been installed in headquarters building, paid for from the Building Fund as a capital improvement, with at least 15% annual saving in fuel consumption guaranteed.

6. **Tar Heel Nurse** publication schedule is reduced to six issues per year.

7. A three percent cost-of-living salary increase is provided for non-administrative staff only.

8. Funding is eliminated for purchase of new duplicating equipment (a long-standing need), staff development, reserve fund, legal fees for legislation.

The 1978 budget summary follows:

Anticipated Income for 1978

Beginning Balance	$ 1,413.69
Membership Dues	108,181.25
Convention/Workshop Fees	13,000.00
Rental Income	12,000.00
75th Anniversary Projects	5,000.00
CERP Fees	3,000.00
Other	1,600.00
	$144,194.94

Budgeted Disbursements

General Administration	
Business expenses (auditing, bonding, legal counsel, taxes, printing, supplies, telephone, postage, misc.)	$ 7,025.00
Travel---	
Officers, Board of Directors, Committees, staff	3,000.00
Equipment Maintenance/Additions	1,500.00
ANA Convention (president, 2 staff)	2,000.00
Property Maintenance (mortgage, utilities, janitorial service, etc.)	28,879.15
NCNA Convention	8,000.00
Membership Promotion	1,000.00
TAR HEEL NURSE	3,500.00
Personnel Costs for administration	43,676.24
Total Administration	$ 98,580.39
Program Activities	
Meetings—Commissions/other structural units	2,000.00
Workshops	4,500.00
Supplies/Postage/Telephone	2,500.00
Collective Bargaining Council	500.00
Legislative Bulletin	250.00
Personnel costs for program activities	35,864.55
Total for Program Activities	$ 45,614.55
Total Budgeted	$144,194.94

Nursing Instructors

Positions available in expanding associate degree nursing programs. Master's degree in nursing preferred, Bachelor's in nursing mandatory with backgrounds in psychiatric nursing, medical-surgical nursing, or in the pediatrics and OB specialties. Two years hospital nursing experience required. Teaching experience desirable. Nine or 12 months renewable contracts, full benefits. Very favorable living environment.

Submit resumes before June 30, 1978 to:

Personnel Officer
WAKE TECHNICAL INSTITUTE
Route 10, Box 200
Raleigh, NC 27603
AN EQUAL OPPORTUNITY EMPLOYER

FAMILY PLANNING NURSE PRACTITIONER needed in Southcentral North Carolina multi-county area. Applicant must have received training in a program previously approved by the Joint Subcommittee of the Board of Nursing and Board of Medical Examiners or be prepared to submit the curriculum to the Board of Nursing for review by the Joint Practice Committee. Duties include clinical, coordination, and planning. An equal Opportunity Employer, Applications and resumes to FPNP, Box 429, Rockingham, N. C. 28379. Tele (919) 997-5501.

Mark Your Calendar

February 22-25, 1978
Annual meeting, Student Nurse Association of North Carolina, Hilton Inn, Raleigh

April 6, 1978
Council of District Presidents, NCNA Headquarters

June 9-14, 1978
ANA Convention, Honolulu, Hawaii

October 25-27, 1978
NCNA convention, Grove Park Inn, Asheville

Legislative update is symposium topic

A one-day symposium on "Nursing: A Legislative Update", will be held April 4, 8:30 a.m. - 4:30 p.m., in the Babcock Auditorium of Bowman Gray School of Medicine, Winston-Salem. The program is coordinated through Northwest AHEC.

National and state legislative issues that affect health care providers will be presented by national and state lawmakers. Following each lawmaker's presentation, a panel of nurses will react to how the legislation will affect nursing from multiple perspectives. Panelists will be: Russell Eugene Tranbarger, president of NCNA; Carolyn Greene, board member, Piedmont HSA; Ora Davis, Ph.D., former legislative Fellow; Mary Isom, dean, School of Nursing, Winston-Salem State University; Mary Lou Moore, March of Dimes Nurse of the Year; and Margery Adams, director of nursing, Catawba Memorial Hospital. Margaret Ann Chatham, assistant director of nursing education, Northwest AHEC, will moderate.

Dr. Elaine Lewis, dean of the School of Nursing, UNC-Greensboro, will give the closing address on "Legislative Impact on the Future of Nursing".

The symposium is open to any nurse. Further information is available from AHECs.

About People . . .

Lynn Jolly has been elected to the Mecklenburg-Union Subarea Council of the Southern Piedmont (Area III) HSA, representing health professional schools . . **Betty Ann Page** has been named director of nursing at Southeastern Community College, where she was a member of the nursing program's first graduating class. She received the master's in nursing from medical College, University of Georgia, last September . . . **Barbara Johnson**, training and development specialist, Dorothea Dix Hospital, participated as faculty for a workshop on "Alternatives to Hospitalization and After Care Programming" conducted in January by the Department of Psychiatry, UNC-CH School of Medicine. Ms. Johnson is a Fellow in the Community Psychiatry Division . . . **Alice Dietz**, clinical associate professor at UNC-CH School of Nursing, was guest speaker at Sigma Theta Tau's induction ceremony for new members. Among those inducted by the Alpha Alpha Chapter were **Sharon Mailey** and **Harriet Buss** . . . **Rosan Hutter** is the new president-elect of the North Carolina Health Council, elected at the Council's annual meeting in December . . . **Patricia Steed Schlegel** of Wilmington is the 1978 president of the North Carolina Association for Practitioners in Infection Control, a multidisciplinary association providing communication and education to persons involved in infection control . . . **Rose George** was the reviewer of books relating to Community Health Nursing in the feature, "Books of the Year", in the January 1978 **American Journal of Nursing** . . . **Wanda P. Briggs** has been appointed administrator of Guardian Care of Rocky Mount . . . **Dr. Ruby L. Wilson**, dean of the Duke University School of Nursing, has been elected to the Institute of Medicine of the National Academy of Sciences. New members are elected for five-year terms by present active members from among candidates chosen for major contributions to health and medicine or related fields.

OPENING FOR DIRECTOR

An Uncommon Place has an opening for a Director of Nursing for an exciting, innovative psychiatric treatment facility. Applicant must have masters in administrative or psychiatric nursing and have proven leadership skills. Duties would include staffing and supervision of approximately twenty-five staff, planning on-going education and training programs, participation in treatment team meetings and formulation of treatment goals. Excellent salary and benefits and opportunity for growth. For information, contact Richard Woodard, 3637 Old Vineyard Road, Winston-Salem, NC 27104, or phone (919) 768-7710.

NORTH CAROLINA NURSES ASSOCIATION
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Tar Heel Nurse

Volume 40, Number 2 Official Publication of the North Carolina Nurses Association March-April 1978

Nursing groups approve recommendation for mandatory continuing education

AJN Editor to Keynote '78 Meet

A highlight of the 1978 convention at the Grove Park Inn in Asheville will be the keynote address by Thelma Schorr, editor of the **American Journal of Nursing**. Mrs. Schorr is a dynamic speaker and well known for her pragmatic views on nursing issues.

Important issues to be explored at program sessions of the convention are Entry into Nursing Practice and Mandatory Continuing Education. Convention dates are October 25-27, 1978, with October 27 devoted to sessions of the House of Delegates.

Daily rates at the Grove Park Inn are $31.20 per person, double occupancy, and $47, single occupancy. These rates (modified American plan) include breakfast and dinner. Rooms must be reserved 30 days in advance of the convention and accompanied by deposit of one night's room rate.

Changes Announced in Hawaii Tour

Lack of sufficient reservations to warrant an entire charter plane from North Carolina to the ANA convention in Hawaii has necessitated some alterations in our group program.

The group will depart from Raleigh-Durham or Greensboro (your choice) on regularly scheduled flights to Chicago. There the group will fly together on United to Honolulu. Since regularly scheduled flights are higher than charter fares, the price of our tour package is increased by $35 for those departing Raleigh-Durham and $30 for those departing Greensboro. This plan is still more economical than the nationally promoted plans. No other trip arrangements are changed.

Although plans for the charter plane have been cancelled, you can still join the North Carolina convention-goers on this trip. Write to Circle Tours, P. O. Box 12318, Research Triangle Park, N. C. 27709.

PSRO Conference

Districts are invited to send at least one representative to a conference on May 24 at 10 a.m. in NCNA headquarters on basics of PSRO and how nurses can become involved.

The conference is planned by the NCNA PSRO Committee, which is chaired by Betty Erlandson. There is no conference fee; however, there will be a charge of $3.50 for the materials that explain the law and give guidelines for its implementation.

Leaders confront 'entry' issues

"If we move too fast, it will alienate many; if we do not move, others will become disenchanted", said ANA President Anne Zimmerman at the ANA National Invitational Conference on Entry into Practice held in Kansas City in February.

The conference presented past and current work of ANA, its structural units, and other organizations in relation to entry since the 1965 position statement calling for the baccalaureate degree for entry into professional nursing. Conferees explored credentialing, certification, manpower resources and utilization, and other matters related to the entry issue.

NCNA was represented at the conference by President Russell Eugene Tranbarger and Executive Director Frances N. Miller. Other Tar Heel nurses attending were: Dr. Ruby Wilson, Dr. Eloise R. Lewis, and Mary McRee, executive director of the North Carolina Board of Nursing.

The conferees formed 10 working groups to explore specific aspects of the entry question. Their recommendations will be summarized and presented for discussion at the ANA convention in June.

There was concensus at the ANA conference that a baccalaureate degree in

(continued on page 4)

A recommendation that continuing education be a requirement for relicensure of RNs and LPNs in North Carolina is the result of a two-year study by a Task Force representative of nursing organizations in the state.

The report and recommendations of the Task Force have received unanimous approval at meetings in March by the boards of directors of the North Carolina Nurses Association, the North Carolina Licensed Practical Nurses Association, and the North Carolina League for Nursing. At its meeting March 20-22, the North Carolina Board of Nursing accepted the recommendation and has requested continued assistance of the Task Force in drafting an implementation plan.

The proposal calls for implementation of mandatory C.E. in two phases:

—a first phase requiring C.E. for nurses applying for endorsement, reinstatement, or return to active status from inactive status, tentatively timed for July 1, 1979;

—a second phase requiring C.E. for all applicants for relicensure, with a projected effective date of January 1, 1982.

Authority to implement Phase I already exists in the Nursing Practice Act. Legislation will be necessary to implement Phase II.

The NCNA Board's endorsement was accompanied by recommendations that consideration be given to: 1) phasing in C.E. requirements in multiple steps; 2) multiple options for earning credits; 3) the existing CERP and CEAP mechanisms as vehicles for approving C.E. offerings.

The Task Force was convened early in 1976 by the Board of Nursing to explore the issues and implications of requiring C.E. for relicensure of nurses. NCNA, NCLN, NCLPNA, and the Board of Nursing all were on record since 1972-73 as viewing continuing education as essential to competent practice, but all organizations opposed mandatory C.E. at that time because C.E. was neither available nor accessible to most nurses. All encouraged voluntary C.E. for continued competence.

In its report, the Task Force concluded

(continued on page 2)

cont

Actions of the Board. . .

At its February 20 meeting, The Baard af Directors toak the fallawing actians:

• Heard a repart af Executive Committee action an January 10 approving a positian statement develaped by a Liaisan Committee af NCNA and the Narth Caralina Medical Saciety an the Rale af the Physician's Assistant and the Nurse Practitianer.

• Vated ta suppart the repart and recammendatians af the Explarer Task Farce that cantinuing education be required far relicensure af RNs and LPNs and recammended that consideratian be given ta 1) phasing in C.E. requirements in multiple steps, beginning at the lowest acceptable minimum; 2) multiple aptians far earning credit; 3) CERP and CEAP mechanisms as vehicles far approving C.E. afferings.

• Directed the CERP Committee ta explare feasibility of seeking ANA accreditatian far the NCNA CERPragram.

• Requested the Cammissian chairmen ta serve as a task farce ta draft a positian statement an responsibility far sharing the cast of mandatary C.E. for nurses.

• Appraved a draft bill being considered by the Legislative Study Cammittee an Rale af the Physician's Assistant and the Nurse Practitianer.

• Heard a repart an the ANA Invitatianal Canference an Entry inta Nursing Practice and a repart an activatian of a NCNA Ad Hac Committee an Entry inta Practice.

• Heard reparts of activities af the Membership Cammittee and the Care Legislative Cammittee.

• Accepted recammendatians af the NCLN-NCNA Cammittee on Educatian far mechanisms ta replace inactive committee members.

• Identified ways to support the candidacy of Narth Caralina nurses running for ANA affice.

• Reviewed expenditures since January 1, particularly travel far meetings, and funded the following priarity activities until the next Baard meeting: Meeting af the Cammissian an Practice, meeting af cammission chairmen ta draft position statement an financial respansibility far mandatary C.E. far nurses; meeting of Ad Hoc Committee on Entry inta Nursing Practice; meeting af Canvention Pragram Cammittee; travel af executive director for meeting of Sautheastern Region Executive Directors with ANA Executive Director; subsistence expenses far assaciate executive director to attend ANA E&GW canference (ANA pays travel); meeting af CERP Cammittee; meeting of Ad Hoc Committee to explore grant support for follow-up project to 1977 lecture series; meeting of Affirmative Action Committee.

• Vated ta continue ta provide staff services and meeting facilities for Nurse-PAC.

• Voted ta recommend Dr. Ruby Wilson's reappointment as NCNA representative to the Narth Carolina Medical Care Commissian.

• Autharized the chairman af Canventian Pragram Cammittee and staff ta determine which Raleigh canventian facility is adequate far the 1979 convention.

• Accepted the respansibility for a sessian at the 1978 canventian an mandatory continuing educatian and agreed ta request the Explarer Task Farce ta plan the presentatian.

• Declined ta alter its palicy that nonmembers nat be prahibited fram participating in NCNA pragrams, with the committee extending the invitatian expected ta alsa invite the nan-member ta jain NCNA and interpreted the policy as nat requiring the invitatians ta be extended simultaneausly.

TASK FORCE (continued from page 1)

that C.E. far nurses is generally bath available and accessible, althaugh anehalf af the RNs and nearly twa-thirds af the LPNs are nat utilizing these appartunities. The Task Farce surveyed nurses as to how many had attended C.E. afferings, their reasans far attending, the value placed on the afferings attended, and their apinian af making C.E. mandatary. The majarity af bath RNs and LPNs appased mandatory C.E. The Task Farce alsa callected data an availability af C.E.—wha is providing it, when and where it is available, and wha is the intended audience.

The repart af the Task Farce states:

Other states with some type af legislatian requiring C.E. far relicensure were surveyed. These states are in varying stages af implementatian, and na mandatary C.E. plan is of sufficient maturity to provide useful infarmatian. In the apinian of the Task Force, in some states legislation was premature in relation to availability af C.E. and ta readiness ta implement. The Task Force believes that, with careful planning, involving the total nursing community, these pitfalls in implementing mandatory continuing educatian can be avaided in North Carolina.

Alternatives ta mandatary C.E. far assuring cantinued competence identified by the Explarer Task Farce were: Valuntary C.E., periadic examination, and emplayer evaluation. Experiences of the voluntary recognitian pragrams (CERP and CEAP) and the data in this repart demanstrate that many practicing RNs and LPNs in this state are not participating in any C.E. experiences. The mechanism af examination for cantinued campetence, unless applied natianally, was viewed by the Task Farce as a significant barrier to interstate mobility and, therefare, an unacceptable optian. Emplayer evaluation of continued competence is a farm af institutianal licensure, a cancept which has been abandoned as a result of demonstration projects and which has been opposed strongly by nursing organizations. This option was rejected by the Task Farce. At this time the Task Farce daes nat have the answers to the questians about appraprieteness af afferings ar appraprate minimum C.E. requirements. Also, the Task Farce has nat prajected the cost af mandatary C.E. far nurses in all its ramificatians. The experience af the CERP and CEAP pragrams will be helpful in cost projections.

It is acknawledged that, at present, there is na dacumentatian that C.E. makes a difference in practice. Yet, anather accepted premise is that keeping pace with new knawledge and technalagical advances demands lifelang learning af the individual practitianer. . .

. . .The data shaw that some C.E. is available within a 50-mile radius af every nurse. Moreaver, the study did nat include C.E. pravided as inservice education by health agencies and institutions in the employment setting, unless CERP or CEAP appraved. Neither did it include nursing or nurse-related courses far academic credit.

The Task farce surmises, therefare, that much accessible C.E. is nat reflected in this study.

The Task Farce believes that mandatary C.E. wauld tend ta carrect imbalances in availability, intended audiences, and released time to attend afferings.

A timetable has been prajected by the Task Force, with pravisian far input inta the implementation plan fram interested nurses. The Task Farce report and recammendations are being distributed widely throughaut the state to settings where nurses are emplayed, schools of nursing, and nursing organizations.

Members of the Task Farce wha have participated in the two-year praject are:

North Caralina Board of Nursing—Audrey Booth, chairman; Mary McRee, executive directar;

North Caralina Licensed Practical Nurses Association—Sammy Griffin, executive directar; Edna Propst, member, Executive Board; Elizabeth Janes, president;

Narth Carolina League for Nursing—Evelyn Perry, president; J. P. Tyndall, president (1975-77);

North Caralina Nurses Association—Rebecca Taylar, president (1975-77); Frances N. Miller, executive director; Caral Koontz, assistant executive director; Marjorie Anderson, chairman of CERP Cammittee (1973-75) and Chairman, Commission on Educatian (1975-77); R. Leigh Andrews, chairman af CERP Committee (1975-77); Rose George, past president, and member of Board of Directors.

At its March meeting, the Baard of Nursing appointed three af its members as additions to the Task Farce: Robert Wall, administrator, Cabarrus Memarial Hospital; Mary Ann Brewer, directar of the Caldwell Community College nursing program; and Cara Clargo, licensed practical nurse.

1978 'Student Nurse of Year' is Southeastern student, mother of two

Carla Gilliard

The 1978 "Student Nurse of the Year", selected by SNANC at its recent convention in Raleigh, is Carla Gilliard, student at Southeastern Community College and mother of two children.

Long interested in nursing, Carla married young and quit high school. Five years and two children later, she enrolled in the Adult Education Program at Southeastern to pursue a high school diploma. Encouraged by her instructors she took, the High School Equivalency Exam, passing with good scores. Enrollment in the nursing program followed, in which she has maintained a 4.0 grade point average while participating in activities such as science seminars and Phi Theta Kappa.

Selection of the "Student Nurse of the Year" is a highlight of the annual SNANC convention. In elections, Larry Alley, student at Winston-Salem State University, was elected president.

SNANC also passed resolutions relating to the following:

Endorsing the concept of increased availability of baccalaureate programs to registered nurses and supporting the NCNA position statement on this subject;

Supporting NCNA in its effort to resolve the issue of RNs and LPNs taking medical orders from physician's assistants and nurse practitioners;

Endorsing and supporting NCNA's efforts to increase the number of registered nurses involved in PSRO Advisory Groups;

Supporting the statewide immunization program and drug abuse education in the public schools;

Supporting the position that a baccolaureate degree be the minimum level of education for the professional nurse;

Supporting Nurse-PAC and the Emergency Medical Association.

The Free Rider's Psalm

The dues-paying member is my shepherd, I shall not want.
She provideth me with Nurse Practice Acts and vacations, so that I may lie down in green pastures, beside the still woters.
She restoreth my standards of practice.

She guideth my welfare, without cost to me.
I stray in the paths of non-righteous, for my money's sake.
Yes, though I alibi, and pay no dues, from generation to generation,
I fear no evil, for she pays my dues and protects me.
The working conditions which she provides, they comfort me.

She annointed my head with the oils of continuing education, representation, legislation and the forty-hour week.
And my cup runneth over with ingratitude.
Surely her goodness and loving kindness shall follow me all the days of my life without cost to me.
I shall dwell in her house forever, and allow her to pay my bill.

Courtesy:
Colorado Nurses' Association
Missouri Nurses' Association
Montana Nurses' Association

Staff attends meetings on program activities

During March, Executive Director Frances Miller attended a meeting in Atlanta of the Southeastern Region SNA Executive Directors. ANA Executive Director Myrtle Aydelotte met with the group. The agenda included discussion of current issues, plans for the ANA convention, and SNA problems and projects of mutual concern.

Also during March, Associate Executive Director Joan Reid attended an ANA E&GW Conference in Houston, Texas. The group heard reports on the status of litigation in the area of alleged "domination", the state of several legislative items now pending in Congress, a special report on the consolidation of VA local units, and a series of new educational programs developed at the national level.

Psy/MH Group to Meet

Psychiatric-mental health advance nurse practitioners from NCNA and the South Carolina Nurses Association will hold a meeting on Saturday, April 29, at 9 a.m., at Highland Hospital, Asheville.

The group will determine if interest exists in conducting a regional conference for psychiatric-mental health advanced nurse practitioners for discussion of issues of common concern and presentation of clinical papers.

New edition announced on primary care data

The 1978 edition of the **Simplified Primary Care Data Guide: A Resource for Community Planners, Practitioners and Educators** is now available.

The **Guide** collates and condenses over 75 sources of recently published national data related to four major areas of interest for the planning, development and delivery of Primary Care. Broken down by urban/rural, socioeconomic and other groupings, these data are displayed in tables with all primary sources noted. The **Guide** also includes sections on "How to Use" and definitions.

The **Guide** is not intended to supercede the collection of local data or community/consumer determinations of health priorities. Instead, it can be used as a rule-of-thumb for groups and facilities which do not have access to more directly-applicable community data. The contents include: Part I, Sickness and Medical Care Profiles; Part II, Physiological Profiles; Part III, Education-for-Health Profiles; Part IV, Community Profiles.

The **Simplified Primary Care Data Guide**, 1978 Edition, by Nancy Milio, **et. al.**, can be purchased, prepaid, from the Caduceus Bookstore, University of North Carolina, Chapel Hill, N. C. 27514, at $2.39, plus 75¢ handling single copy and 15¢ each additional copy.

"Interesting Sidelights"

In its late 1977 interim session, the Missouri State Medical Association voted to declare MSMA as a bargaining agent for its members and enter into negotiations on behalf of physicians. The association also altered the purpose of their organization to add "for negotiation and collective bargaining purposes."

The President of MSMA said, "The name of the game is unity. We can speak with an effective voice only if we stand together." An increase in dues was approved to establish a new department for the state medical association.

NCNA Commissions and Committees, 1977-79

Commission on Education

Terri Lowler, Chairman.....Greenville
Betty Erlandson.....Greensboro
Juanita Yarborough.....High Point
Marie McIntyre.....Chapel Hill
Martha Adams.....Charlotte
Irene Henline.....Statesville
Carol Osman.....Cary
Martha White.....Whittier
Mable Carlyle.....Black Mountain
Johnea Kelley.....Durham
Joyce Davis.....Eureka

Commission on Health Affairs

Judy Rahm, Chairman.....Durham
Jean Lassiter.....Greenville
Virginia Tate.....Conetoe
Judy Ellington.....High Point
Rachel Funderburk.....Morganton
Eris Russell.....Black Mountain
Olga Hoskins.....Lenoir
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Terri Lawler.....Greenville
Mary Ann Brewer.....Lenoir
Margaret Whittington.....Raleigh
Sammy Griffin, NCLPNA Rep.....Durham
Dr. Jeanne Margaret McNally.....Chapel Hill
Dr. Vercie Eller.....Raleigh

PSRO Committee

Betty Erlandson, Chairman.....Greensboro
Wanda Boyette.....Clinton
Frankie Duncan.....Greensboro
Violet Britt.....Lumberton

May to focus on high blood pressure

May 1978 is High Blood Pressure Month. The theme is "Treat It for Life".

The ANA Division on Medical-Surgical Nursing Practice is endorsing the observance by distributing a promotional package of suggested activities for nurses.

"Guidelines for Educating Nurses in High Blood Pressure Control" also are available from: High Blood Pressure Center, 120/80 National Institutes of Health, Bethesda, Md. 20014. These were developed by a task force on the role of nursing in high blood pressure control, in which ANA was an active participant.

ENTRY INTO PRACTICE . . .
(continued from page 1)

nursing should be the minimum educational preparation for practice as a professional nurse. However, there were differing views as to what the other kind of nurse should be and the education required. Many areas were identified as needing further study by the profession before the position paper can be implemented throughout the country.

NCNA's Ad Hoc Committee on Entry into Practice is preparing a study guide for use of structural units and other groups in examining and reacting to the issues involved in the entry to practice position.

Duke to host health personnel

"Toward Continuity of Care: Ambulatory Nursing at Duke University Hospital" is a one-day program scheduled for April 29 at Duke, 8:30 - 3:00, and coordinated by Duke's Ambulatory Nursing Services. It is designed for health care personnel in the community and at Duke Hospital whose patients receive services in the Ambulatory Department.

The program will be held at Duke Medical Center Amphitheatre, first floor, yellow zone. Cost is $5. Speakers from the Outpatient Department and clinic tours will be feotured.

WSSU grant to aid nursing education

The Division of Nursing at Winston-Salem Stote University has received its second $30,000 grant during the current school year to assist in better preparing nursing students to meet the health needs of the citizens.

The grants will allow faculty to conduct a more active recruitment program, develop and implement a more vigorous and frequent screening process, revise the curriculum, and prepare for self-study. The grants were mode by the Z. Smith Reynolds Foundation and the Kate B. Reynolds Heolth Care Trust.

Delegate Fund Update

Pledges and donations received to date from districts for the ANA Delegate Fund total $750.00. Some districts made no specific pledge but indicated a fund raising project will be conducted to benefit the Delegote Fund.

NCNA is asking districts to contribute toward the cost of sending our 15 delegates to the ANA convention in Hawaii. A goal of $400 per delegate was suggested by the Board of Directors.

Meetings of Interest. . .

- Region IV Ad Hoc Professional Meeting sponsored by Food and Drug Administration, April 21, 1 p.m., Sheraton-Biltmore Hotel, Atlanta, Ga.
- Americon Cancer Society National Conference on care of the Child with Cancer, September 11-13, Sheraton-Boston Hotel, Boston, Mass.
- Concer Update—A Symposium for Nurses and other Health Professionals, American Cancer Society, October 11-13, Civic Center and Hyott Hause, Birmingham, Ala.
- Call for abstracts on cancer nursing research for presentation at 1st Annual Conference on Cancer Nursing Research, February 15-16, 1979, Biltmore Hotel, Los Angeles. Abstract deadline: June 15, 1978, to Louise Torraco, American Cancer Society, 731 Market Street, San Francisco 94103.
- Annual Forum of North Carolina Conference for Social Service, "Perspectives of the Family in North Carolina", April 20, Raleigh Woman's Club.
- Third National Primary Care Nurse Practitioners Symposium, University of Colorado School of Nursing, June 21-23, Keyston, Colo.
- The Grass Roots of Primary Nursing Care, St. Joseph's Hospital, Tucson, Ariz., May 17-19.
- "Better Conditions for Nurses—Key to Better Health Care" is the theme for Internationol Nurses Day, observed in many countries on May 12, anniversary of the birth of Florence Nightingale.
- The Association for Practitioners in Infection Control will hold its 5th annual educational conference May 29-June 2 in Boston, Mass. A special feture is a one-day Beginners Workshop on May 29. The Canadian Hospital Infection Control Association also has announced a conference to be held July 5-9 at Jasper Park Lodge, Jasper National Park, Alberta. The program is designed for all levels and areas of infection control practitioners.

Division to conduct workshop sessions on 'Perinatal Nursing Standards'

A workshop on "Perinatal Nursing Standards" will be offered by the NCNA Division of Maternal-Child Health Nursing in two parts—June 21 and October 4. Both workshop days will be held at Ramada Inn South, Raleigh.

Purpose of the workshap is to enhance delivery of perinatal care by providing a pragmatic framework for implementing perinatol nursing standards. Registrants will complete an ossignment between the two sessions. The Perinatal Nursing Standards developed by the Arizona Nurses Association will serve as the focus.

Faculty announced to date are: Candace Currin, public health nurse, Wake County Health Department; Lois Isler, family nurse practitioner, Guilford County Health Department; Vickie Scearce Desmond of Greensboro; Dr. Ora Strickland Davis, faculty, UNCG School of Nursing; Mary Lou Moore; instructor, Bowman Gray School of Medicine Neonatal Intensive Care Program. Janice Robinson, chairman of the NCNA MCH Division, will preside at the workshop.

Application has been made for CERP approval. On-site registration fees will be $1.00 higher per doy than the advance registration fees listed on the form below. The fees cover lunches.

Workshop Registration
"Perinatal Nursing Standards"
June 21, 1978 October 4, 1978

Name_____Soc. Sec.#_____

Address _____

Employment Setting_____

Target Population_____

Fee enclosed (check):

_____Member $20 (both days) _____Nan-Member $40 (both days)
_____Member $12 (June 21) _____Non-Member $22 (June 21)
_____Member $12 (Oct. 4) _____Non-Member $22 (Oct. 4)

Return ta: North Carolina Nurses Association
P. O. Box 12025, Raleigh, N.C. 27605

The Moses Cone Hospital in Greensboro, North Carolina Has a Career Opportunity for Primary Nurses

Unique opportunity in a progressive teaching hospitol. Participote in the planning and implementation of our expanding program. Are you interested in providing more effective and rewarding patient care? Do you have o commitment to the philosophy of Primary Nursing? If you are motivated by this challenge:

CONTACT: Candy Colglazier, RN, Project Director for Primary Nursing, or Pat McLean, RN, Nurse Recruiter
Moses H. Cone Memorial Hospitol
1200 North Elm Street
Greensboro, NC 27420
Phone (919) 379-4167

Membership Corner . . .

The Membership Committee, carrying out its charge from the Board to device a sustained membership campaign, conducted two workshops in March for district membership chairmen and other district leadership. The thrust of the workshops was to provide basic information to old members in discussing membership benefits in one-to-one contacts and to assist districts to utilize tools already available for monitoring membership.

A goal of 10 percent increase in membership by the end of 1978 has been set. A long-term goal will be set after that time, based on evaluation of the 1978 efforts.

A few members cannot carry the membership responsibility. It will take many members talking membership to many non-members. In the "Membership Corner" in each issue, the Membership Committee will provide material about what NCNA has done and is doing to benefit nurses and the nursing profession—material to help you talk membership to a non-member.

Accomplishments of NCNA in 1977

- In observance of the 75th Anniversary of the Association:
  - Conducted a series of 5 lectures on Ethical Dilemmas in Health Care
  - Reprinted **History of Nursing in North Carolina**
  - Produced an update brochure "Highlights in Nursing in North Carolina, 1935-1976"
  - Produced an Anniversary calendar
  - Produced a TV slide of the NCNA logo and radio and TV spot announcements
  - Conducted a writing contest for RNs and student nurses
  - Conducted a district banner contest
- Developed and disseminated a Position Statement on Legislation to Facilitate Baccalaureate Education for the Registered Nurse
- Published and distributed a brochure, "Opportunities for Baccalaureate Education for the Registered Nurse in North Carolina"
- Provided staff and other support services for the organization of Nurse-PAC, a political action group for nursing in North Carolina
- Conducted a Continuing Education Recognition Program, through which 250 individual notices of achievement were issued and 550 single offerings were reviewed
- Developed a Position Statement on Health Care in the Prison System and named two RNs for appointment to the Advisory Council on Prison Health created by the State Department of Corrections
- Conducted a survey on Emergency Medical Services in the state to assess the type and utilization of EMS personnel and the role of the RN specifically
- Developed a legislative platform consistent with the objectives of high quality health care for all citizens and improvement of the welfare of registered nurses; disseminated this platform to members of the North Carolina General Assembly
- Conducted a two-day workshop on Legislation, incorporating an experience with a session of the General Assembly and lobbying for the Association's stated legislative objectives
- Conducted two meetings of the Council of District Presidents to update district leadership on major projects and priorities
- Identified specialty nursing organizations in North Carolina and hosted a meeting of leadership of these organizations to discuss common concerns and need for improved communication
- Concluded a one-year project of 12 workshop sessions on "Standards of Gerontological Nursing Practice"
- Conducted a two-day workshop on "Nursing Audit: A Vehicle to Quality Assurance in Psychiatric-Mental Health Nursing"
- Conducted a two-day workshop for nurse administrators on "Issues and Dilemmas in Perspective"
- Conducted a one-day workshop for staff nurses on coping with dilemmas encountered in the work setting
- Made recommendations to HEW Secretary Califano for a nurse appointment to the National Advisory Council on Health Planning
- Identified North Carolina nurses qualified to serve on Medicare Program Review Teams and recommended them to HEW and Social Security Administration for appointment when such teams are activated
- Responded to proposed HEW guidelines on a variety of federal health programs, including proposed National Guidelines for Health Planning
- Conducted a biennial convention focusing on major current issues
- Provided resources and assistance for production of a 30-minute special program on public television network in North Carolina based on NCNA's 75th Anniversary observance and Diamond Jubilee Convention
- Monitored 1977 General Assembly for bills relating to nursing and health care
- Presented testimony at committee hearings of General Assembly reflecting nursing views on pending legislation
- Established a Liaison Committee with North Carolina Medical Society to develop a joint position on role of physician's assistants and nurse practitioners
- Presented this position statement to a Legislative Study Committee and provided other testimony relating to NCNA position on the appropriate role of physician's assistants and nurse practitioners
- Established a PSRO Committee which is developing guidelines for nurse participation in PSRO
- Administered the Memorial Educational Fund, which provides low-cost educational loans to registered nurses seeking further education
- Was represented by President Russell Eugene Tranberger, who provided testimony for a Congressional committee considering PSRO legislation
- Was represented by Judy Rohm, who provided testimony on National Health Insurance at a hearing conducted in North Carolina by HEW
- Recommended registered nurses to the Governor for appointment to the North Carolina Board of Nursing
- Nominated North Carolina nurses for special recognition by ANA
- Provided counsel and staff assistance to the Student Nurse Association of North Carolina
- Conducted a statewide competition for selection of the "March of Dimes-Nurse of the Year" for contribution to maternal-infant care
- Provided nurse representation on: Joint Practice Committee; North Carolina Health Council; North Carolina Conference for Social Service; N. C. Advisory Council on Control of Hypertension and Cardiovascular Disease; North Carolinians United for ERA; N. C. Health Manpower Council; N. C. Medical Care Commission; Uterine Cancer Task Force; Health Care Professional Excess Liability Fund; Rural Health Task Force; Coalition on Sexually Transmitted Diseases
- Provided JPC staff representation to Joint Subcommittee of Board of Nursing and Board of Medical Examiners
- Provided support services for JPC task force on long-term care
- Published and distributed 10 issues of a newsletter on current nursing news, including a special January 1977 issue mailed to all registered nurses in North Carolina
- Participated in study by Explorers Task Force of issues and implications of mandatory continuing education for relicensure
- Recommended nurses for invitation to a Governor's Conference on Quality of Life for Senior Citizens
- Supported the North Carolina Regionalized Perinatal Program
- Provided mechanism for NCNA members to participate in statewide citizen survey of the Board on State Goals and Policies
- Provided staff services and representation on the NCNA-NCLN Committee on Education
- Made suggestions to ANA for appointment of North Carolina nurses to ANA committees, and President Gene Tranberger was appointed to the ANA Committee on Bylaws
- Provided representation on the Statewide AHEC Advisory Council
- Established a Liaison Committee with the North Carolina Licensed Practical Nurse Association
- Was represented by Connie Mullinix, then chairman, Family Nurse Practitioner Conference Group, who gave testimony to a Congressional committee considering legislation to provide reimbursement to nurse practitioners and physician's assistants in rural health clinics
- Collected data for development of a salary profile for nurses in North Carolina
- Held meetings with nurses serving on HSA boards to provide professional support and resources to them in their health planning roles.

Think Membership!
Recruit a new member!!

CERP Approved Continuing Education Programs

DATE & LOCATION	OFFERING TITLE	CERP CREDIT	CONTACT SPONSOR FOR INFORMATION
April 25--May 25 Winston-Salem	Neonatal Transport Nursing	12	Faye Haas, Inservice Ed., NC Baptist Hosp., 300 S. Hawthorne Rd., Winston-Salem 27103
April 27--June 2 Durham	Coronary Care--ROCOM Format	37	Lucy Bradley-Springer, Ed. Services, Durham Co. General Hospital, Durham 27704
May 2--June 29 Danbury	Pharmacology and the Nurse	9	Pamela Brewer, Inservice Ed., Stokes-Reynolds Memorial Hospital, Danbury 27016
May 3--Wrightsville Beach	North Carolina Lung Association Annual Meeting Nursing and Public Health Session	4	C. Scott Venable, NC Lung Assn., Box 27985 Raleigh 27611
May 3--Winston-Salem	Pacemaker	2	Claire Wilson, AACN, 141-A8 Broadmoor Lane Winston-Salem 27104
May 9 & 16 Clinton	Shock	7	Aslee Odom, Inservice Ed., Sampson County Memorial Hospital, Clinton 28378
May 10 Winston-Salem	Female Sexual Dysfunction	2	Sandy Brown, NAACOG, 5776 Poplar Lane, Pfafftown 27040
May 12--Sept. 15 Durham	In-Patient Group Training Program	30	Alberta Debski, Psy. Clinician, DUMC, Box 3883, Durham 27710
May 18-20 Wilmington	I Am Woman (Annual Clinical Conference)	13	Bobbie Frye, NAACOG, Rt. 1, Box 63 Pittsboro 27312
May 21--Wilmington	Dimensions of Pelvic Assessment: Clinical Application	9	Bobbie Frye--address above
May 23-24, Durham	Neurosurgical Nursing	10	C. Moran, Inservice, DUMC Box 3883, Durham
May 24-26 Raleigh	Human Relations and Human Resource Development in Skilled Nursing	17	Sue Schock, Hillhaven Foundation, Box 11222 Tacoma, Wash. 98411
June 5--Winston-Salem	Pulmonary Complications Following Multiple Trauma	2	Claire Wilson, AACN, see address above

MOUNTAIN AHEC will present the following offerings. For information contact Katherine Nuckolls, 501 Biltmore Ave., Asheville 28801. CEUs or CERP points will be given.

Week of May 8 in Burnsville & Waynesville--Cancer of the Breast:Radiation Therapy--Fee $8.00

May 19--Place to be arranged--Functional Status Assessment as the Basis for Discharge Planning-- Fee $8.00

June 23--Cullowhee Death and Dying Fee $8.00

SANDHILLS COMMUNITY COLLEGE will be providing the following offering: (For information contact Jesse R. Mansfield, CE Coordinator, Rt. 3, Box 182-C, Carthage 28327) April 29------- The Total Hip ------- 7 CERP points

UNC-CHAPEL HILL SCHOOL OF NURSING will offer the following. Contact Judith Wray, CE Div.,Johnson Awards for some fee assistance.

May 4 & 18-- Use of Group Process in Primary Care Nursing--- 1.2 CEUs--- Fee $25.

May 10-12 Part I; Aug. 9-11 Part II---Increase Your Skills in Professional Writing---3.6 CEUs --- Fee $150.00

May 12-- Searching for Values--.6 CEUs--Fee $29.00 May 16--Problems with Drug Administration---.6 CEUs--- Fee $25.00

May 17--Needles! Sharpen Your Skills in IV Management---.6 CEUs--- Fee $25.00

May 25-26---Effective Student Clinical Achievement Performance (E.S.C.A.P.E.)---1.2 CEUs----Fee $50.00

CERP ACHIEVERS

NCNA Policy: Only first-time achievers listed

Bonnie McCurry, Burnsville
Sharon Hartsell, Hendersonville
Anita Naftel, Winston-Salem
Joan Walker, Hendersonville
Sister Adrian Kelly, Asheville
Wilma Wachowiak, Charlotte

Ferguson:

Autonomy essential for nursing profession

If nursing is to become o true ond respected profession, it must strive for outonomy. This wos the thrust of the Kemble Lecture delivered recently ot the UNC-CH School of Nursing by Vernice Ferguson, chief of nursing ot the Clinicol Center of the Notionol Institute of Heolth.

"Autonomy means the ability to stond alone," she said. "Nurses, o significantly large minority group in the societol ond health core power collective, must dore to be ond dore to do. Nurses must be prepored to compete, to confront, to negotiote, ond to compromise."

She soid the size ond versotility of nursing stoffs ore problems which stand in the woy of ochieving on autonomous nursing proctice. "If we are truly practicing outonomous nursing," she soid, "nursing stoffs should get smaller and more elite, and the supportive hospitol staffs should grow lorger..."

She discussed nursing's collective failure to determine how to prepare for entry into proctice ond the need for free time for creotive energy. She soid nursing educotion pragroms often do not deol with professionol ethics but stoted thot ethicol study should be mondotory.

A checklist for the primary elections—May 4, 1978

1. Be sure you are correctly registered. Check with voter registrotion in your town.
2. Know your senotoriol ond house districts.
3. Know your candidotes. Wotch your community newspopers ond identify the candidotes for both porties running in your districts.
4. Know the NCNA legislotive platform. Check the plotform in post issues of **Tar Heel Nurse** ond be sure you know your stond on these and other issues.
5. Ask the condidotes how they stond on the NCNA issues and others of concern to you.
6. Help your condidotes. Poss the word to your friends ond co-workers, set up telephone networks, pass out literoture. Do whotever you can to ossist condidotes.
7. Be sure the condidote of your choice knows thot you ore o nurse interested in ossuring better health core for the citizens of your community ond North Corolino.
8. Remember—the primories are for both state ond notionol condidotes.

Recruit at least one new member this month!

Mark Your Calendar

May 22, 1978
Meeting of Delegates and Alternates to ANA Convention, NCNA headquarters

May 24, 1978
Conference on PSRO for district representatives, NCNA headquarters

June 9-14, 1978
ANA Convention, Honolulu, Hawaii

June 21, 1978
Part I, Workshop on Perinatal Nursing Standards, Ramada Inn South, Raleigh

July 10-11, 1978
Electrocardiography for Nurses, Workshop conducted by NCNA Medical-Surgical Division, NCNA Headquarters

October 4, 1978
Part II, Workshop on Perinatal Nursing Standards, Ramada Inn South, Raleigh

October 25-27, 1978
NCNA Convention, Grove Park Inn, Asheville

ANA forms council for perinatal nurses

ANA members in nursing practice, research or education involved in the delivery of health care in the high risk perinatal population are invited to membership in the Council of High Risk Perinatal Nurses.

Council members have the opportunity to share concerns and expertise with other interested colleagues; influence the quality of perinatal care; and address important practice issues.

About People . . .

Three NCNA members are among 78 participants selected to take part in a project, Nursing Research Development in the South, funded by HEW Division of Nursing and administered by SREB. The three are **Vivian L. Deitz**, Western Carolina University faculty; **Dr. Ora Strickland-Davis**, UNC-G faculty; and **Dr. Virginia Gover**, UNC-CH faculty. . .**Deanne Huggins** has retired from the nursing staff of Cumberland County Health Department. . .**Mary Lee Share** of Yadkinville, who is the author of several published novels, has written lyrics for songs published by Liberace Music of Hollywood, Calif. The songs are being released in sheet music, tapes, and records. . . **Dr. Jeanne Margaret McNally** has been appointed associate vice-president, University of North Carolina, by the Board of Governors. . .**Bernice Harris Midkiff** has retired after a 43-year career in nursing, the past 27 of these spent as a public health nurse with the Surry County Health Department. . .**Elizabeth Masan** has been named acting chief, Licensing and Certification Section, Division of Facility Services, in the Department of Human Resources. . .**Mary Lee Steele** has retired as director of nursing at Beaufort County Hospital. She has been partially disabled for some time. **Amy Williams**, formerly director of Inservice Education at the hospital, succeeds Mrs. Steele as director. . .**Elizabeth Keller Beach** has been appointed associate director of the Board of Nursing. She recently completed all requirements for a Ph.D. degree in adult and continuing education from the University of Michigan. She has held positions as assistant professor of public health nursing at University of Nebraska and at University of Michigan. . .**Dr. Elaise R. Lewis**, dean of the UNC-G School of Nursing, has been elected president of the American Association of Colleges of Nursing.

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Judy Gross, R.N., Director of Nursing
Thoms Rehabilitation Hospital, Inc.
of W.N.C.
One Rotary Drive
Asheville, North Carolina 28803
Telephone (704) 274-2400

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NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolina 27605

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Appointments made to Board of Nursing

Judy Seaman, above, was the only one of the four NCNA nominees appointed to the North Carolina Board of Nursing.

Five new appointments to the North Carolina Board of Nursing have been announced by Governor James Hunt, Jr.

Judy Seaman of Morehead City and Jacqueline Stoker of Asheville are the registered nurses named to fill the two vacant RN positions. Mrs. Seaman was among several members recommended for appointment by NCNA and formerly was nursing education director for Northwest AHEC. Mrs. Stoker a number of years ago was a private duty nurse, but has not been employed in nursing in recent years. Mrs. Stoker is not a member of NCNA.

Mrs. Seaman holds a B.S. in nursing from University of Arkansas and M. A. in education from Wake Forest University. She is a freelance instructor in continuing education in professional nursing. Her professional experience includes: Coordinator of Inservice Education, Arkansas State Hospital, Little Rock, and instructor in several schools of nursing.

Licensed practical nurses named to fill the three LPN vacancies on the Board are: Bessie Funderburg (reappointed) of Wilmington, Nancy Cook of Mocksville, and Jane York of Bodin.

Members urged to make views, concerns known to delegates to ANA convention

Do you have concerns about current health issues and about ANA's position on those issues? Do you want to have a voice in the decisions that will direct ANA's role in the next biennium? You can—by making your concerns and opinions known to NCNA's 15 official delegates to the 1978 ANA convention in Hawaii. Write to them, talk with them in person, or attend the NCNA delegate meeting.

Delegates, alternates, and interested members will meet on May 22 at 1 p.m. at headquarters for a discussion of convention issues, candidates, and any matters of interest to the NCNA membership. The meeting is open to any member.

Following is the revised list of NCNA delegates to the ANA convention. (Nancy Anderson has withdrawn as a delegate and is replaced by Janet Campbell, who received the next highest votes as alternate. Barbara Synowiez is moving to Maine and will not be able to serve. She is replaced by Jean Gasnell, next highest in votes.)

1978 Delegates to ANA Convention

Delegates-at-Large
Russell Eugene Tranbarger, 4805 West Friendly Avenue, Greensboro 27410
Betty Garrison, 2825 Eastburn Road, Charlotte 28210
Catherine Layton, 1106 Elwell Avenue, Greensboro 27420

Delegates representing Administration
Mary Bailey, 311 Furches Street, Raleigh 27607
Jean Gasnell, Route 1, Box 395, Lexington 27292

Delegates representing Education
Rebecca Parrish, P. O. Box 218, Liberty 27298
Ernestine Small, P. O. Box 20106, Greensboro 27420
Dorothy Talbot, 909 Greenwood Road, Chapel Hill 27514

Delegates representing Practice
Joan Bounds, 1800 Stage Road, Durham 27705
Carolyn Colglazier, 121-C Village Lane, Greensboro 27409
Rachel Funderburk, Route 10, Box 386, Morganton 28655
Judy Phillips, Box 446, Waynesville 28786
Nellie Sullivan, 269 Whitman Drive, Castle Hayne 28429
Janet Campbell, Route 8, Box 206, Raleigh 27612

Delegate representing Other Interests
Margaret Keller, 911 Wade Avenue, Garner 27529

DNA presidents council elects officers; recommends standardized district dues

The Council of District Presidents, meeting in April, selected two new representatives to the NCNA Board of Directors. They are Daisy Burton, Council chairman, and Rosan Hutter. Other officers elected were Sheila Cromer, vice-chairman, and Sharon Jacques, secretary.

A major agenda item for the April meeting was membership promotion. A problem identified in the development of promotional material and recruiting members was the variety of dues for the 33 districts. It was felt that varying district dues added to the complication of the organization. The Council recommended that districts move toward standardized dues and requested endorsement of the concept from the NCNA Board of Directors.

Current district dues now range from $1.50 to $10. The concensus of the 18 districts represented was that a standard $5 district dues throughout the state should be proposed. Districts are being requested to sample member reaction to the concept.

Draft of legislation proposed by Legislative Study Committee on Role of PA/NP

Below is the draft bill to be recommended to the 1978 General Assembly by the Legislative Study Committee on the Role of the Physician's Assistant and the Nurse Practitioner. The bill reflects much of the Position Paper approved by NCNA and the NC Medical Society and printed in the January-February **Tar Heel Nurse**.

The 1977 resolution creating the Legislative Study Committee called for a report to the 1979 General Assembly. However, the Committee is expected to ask the 1978 General Assembly to act on the proposed legislation, since current statutes relating to PAs and NPs giving medical orders to RNs and LPNs expires on July 1, 1978. Technically, the 1978 General Assembly is to consider only budget matters, those bills which passed one body during the 1977 session and were still before the second body at adjournment, or study committee reports with a 1978 report date. Any other matter would require a two-thirds vote for consideration.

Nurses are urged to study the draft bill and send comments and reactions to the NCNA Board of Directors **as soon as possible.**

DRAFT BILL

AN ACT TO PROVIDE LIMITATIONS ON ASSISTANTS TO PHYSICIANS AND ON NURSE PRACTITIONERS

Section 1. G.S. 90-18.1 is rewritten as follows:

"90-18.1 **Limitations on Physicion Assistants.**

(a) Any person who is approved under the provisions of G.S. 90-18 (13) to perform medical acts, tasks or functions as an assistant to a physician may use the title 'Physician Assistant.' Any other person who uses the title in any form or holds out to be a Physician Assistant or to be so approved, shall be deemed to be in violation of this Article.

(b) Physician Assistants are authorized to write prescriptions for drugs under the following conditions:

(1) the Board of Medical Examiners has adopted regulations governing the approval of individual Physician Assistants to write prescriptions with such limitations as the Board may determine to be in the best interest of patient health and safety;

(2) the Physician Assistant has current approval from the Board;

(3) The Board of Medical Examiners has assigned an identification number to the Physician Assistant which is shown on the written prescription; and

(4) the supervising physician has provided to the Physician Assistant written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed.

(c) Physician Assistants are authorized to compound and dispense drugs under the following conditions:

(1) the function is performed under the supervision of a licensed pharmacist;

(2) rules and regulations of the North Carolina Board of Pharmacy governing this function are complied with; and

(3) no retail pharmacy is reasonably available or accessible to the place where the Physician Assistant is performing the function.

(d) Physician Assistants are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes and other health facilities under the following conditions:

(1) the Board of Medical Examiners has adopted regulations governing the approval of individual Physician Assistants to order medications, tests and treatments with such limitations as the Board may determine to be in the best interest of patient health and safety;

(2) the Physician Assistant has current approval from the Board;

(3) the supervising physician has provided to the Physician Assistant written instructions about ordering medications, tests and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test or treatment is ordered; and

(4) the hospital or other health facility has adopted a written policy, approved by the medical staff after consultation with the nursing administration, about ordering medications, tests and treatments, including procedures for verification of the Physician Assistant's orders by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.

(e) Any prescription written by a Physician Assistant or order given by a Physician Assistant for medications, tests or treatments shall be deemed to have been authorized by the physician approved by the Board as the supervisor of the Physician Assistant and such supervising physician shall be responsible for authorizing such prescription or order.

(f) Any registered nurse or licensed practical nurse who receives an order from a Physician Assistant for medications, tests or treatments is authorized to perform that order in the same manner as if it were received from a licensed physician."

Sec. 2. A new Section G.S. 90-18.2 is added as follows:

"90-18.2 **Limitations on Nurse Practitioners.**

(a) Any nurse approved under the provisions of G.S. 90-18 (14) to perform medical acts, tasks or functions may use the title 'Nurse Practitioner.' Any other person who uses the title in any form or holds out to be a Nurse Practitioner or to be so approved, shall be deemed to be in violation of this Article.

(b) Nurse Practitioners are authorized to write prescriptions for drugs under the following conditions:

(1) the Board of Medical Examiners and Board of Nursing have adopted regulations developed by a joint subcommittee governing the approval of individual Nurse Practitioners to write prescriptions with such limitations as the Boards may determine to be in the best interest of patient health and safety;

(2) the Nurse Practitioner has current approval from the Boards;

(3) the Board of Medical Examiners has assigned an identification number to the Nurse Practitioner which is shown on the written prescription; and

(4) the supervising physician has provided to the Nurse Practitioner written instructions about indications and contraindications for prescribing drugs and a written policy for periodic review by the physician of the drugs prescribed.

(c) Nurse Practitioners are authorized to compound and dispense drugs under the following conditions:

(1) the function is performed under the supervision of a licensed pharmacist;

(2) rules and regulations of the North Carolina Board of Pharmacy governing this function are complied with; and

(3) no retail pharmacy is reasonably available or accessible to the place where the Nurse Practitioner is performing the function.

(d) Nurse Practitioners are authorized to order medications, tests and treatments in hospitals, clinics, nursing homes and other health facilities under the following conditions:

(1) the Board of Medical Examiners and Board of Nursing have adopted regulations developed by a joint subcommittee governing the approval of individual Nurse Practitioners to order medications, tests and treatments with such limitations as the Boards may determine to be in the best interest of patient health and safety;

(2) the Nurse Practitioner has current approval from the Boards;

(3) the supervising physician has provided to the Nurse Practitioner written instructions about ordering medications, tests and treatments, and when appropriate, specific oral or written instructions for an individual patient, with provision for review by the physician of the order within a reasonable time, as determined by the Board, after the medication, test or treatment is ordered; and

(4) the hospital or other health facility has adopted a written policy, approved by the medical staff after consultation with the nursing administration, about ordering medications, tests and treatments, including procedures for verification of the Nurse Practitioner's orders

Continued on page 3

Statement on the Registered Nurse in Independent Practice

The appearance on the North Carolina health care scene of registered nurses establishing independent practice recently prompted the North Carolina Joint Practice Committee to examine the appropriateness of private practice for the registered nurse. The result of that discussion was a request from the Joint Practice Committee that NCNA President Russell Eugene Tronbarger prepare a statement on the subject for the Committee's consideration. Mr. Tranbarger's statement was approved by the Joint Practice Committee, which is recommending its publication by both NCNA and the N.C. Medical Society. The statement follows:

Statement on the Nurse in Private Practice

By Russell Eugene Tronbarger, R.N.
President, North Carolina Nurses Association

In the past few years professional nurses in this country have ventured into new and different roles. Some have elected to become physician extenders such as physician assistants or to gain additional education and the clinical skills to act in a more autonomous role as nurse practitioners. The clinical nurse specialist in Renal Disease or Pulmonary Diseases are two examples of hospital based nurses in roles with advanced clinical responsibilities. Still others have focused on patient education through such roles as Diabetic Teaching Nurse or Enterostomal Therapist.

Throughout this century, private duty nurses have been a well accepted and understood nursing role. They have cared for patients in acute care settings but more often, in the patient's home. They have implemented the attending physician's medical treatment plan and sometimes remained with the patient for years after the initial crisis. They assisted the patient and family in coping with any existing limitations, provided patient teaching as necessary and referred back to the physician when appropriate.

Public Health nurses and Home Health Care nurses have also performed similar functions for many years. They are asked to see patients by physicians, other nurses, social services, or family members. They provide health assistance, teaching or other services according to patient needs. They refer back to the private physician for necessary medical assistance.

Recently some nurses have established group practice with other nurses, psychologists, dietitions, allied health professionals, etc. Some have opened private offices either in collaboration with a physician or simply accepting referrals from any physician in the community.

This group of nurses has probably been the least understood, and acceptance of this role has not always been enthusiastic. It might be fair to say they have been more readily accepted by their clients than by their colleagues.

Nurses establishing such practices violate neither the North Carolina Nursing Practice Act nor the North Carolina Medical Practice Act as long as they confine their practice to nursing as defined by the Nursing Practice Act, G.S. 90-158 (3).

"Nursing is a unique service provided for persons who are ill, injured, or experiencing alterations in normal health processes; it is the ministering to, the assisting of, and the sustained, vigilant, and continuous care of those acutely or chronically ill; the supervision of patients during convalescence, restoration, and rehabilitation; and the promotion of health maintenance.

"a. Nursing by Registered Nurse: The practice of nursing by registered nurse means the performance for compensation of any act in the observation, care, and counsel of persons who are ill, injured, or experiencing alterations in normal health processes; and/or in the supervision and teaching of others who are or will be involved in nursing care; and/or the administration of medications and treatments as prescribed by a licensed physician or dentist. Nursing by registered nurse requires specialized knowledge, judgment, and skill, but does not require nor permit except under supervision of a physician licensed to practice medicine in North Carolina medical diagnosis or medical prescription of therapeutic or corrective measures. The use of skill and judgment is based upon an understanding of principles from the biological, social, and physical sciences. Nursing by registered nurse requires use of skills in modifying methods of nursing care and supervision as the patient's needs change."[1]

Thus a professional nurse, duly licensed in North Carolina, can counsel or instruct patients regarding their diabetes or hypertension or assist them in adjusting to divorce or impending death of themselves or a family member or teach them infant nutrition or parent effectiveness, etc. They may not medically diagnose nor prescribe nor treat any illness except under the supervision of a licensed physician or dentist.

At the present time, there are two professional nurses known to be in such practice in North Carolina. No evidence exists that they are practicing anything other than nursing. Their practices are small but growing, and clients seem pleased with their care.

[1]Nursing Practice Act, State of North Carolina, July 1, 1965, Page 3, Article 9.

Continued from page 2

by nurses and other facility employees and such other procedures as are in the interest of patient health and safety.

(e) Any prescription written by a Nurse Practitioner or order given by a Nurse Practitioner for medications, tests or treatments shall be deemed to have been authorized by the physician approved by the Boards as the supervisor of the Nurse Practitioner and such supervising physician shall be responsible for authorizing such prescription or order.

(f) Any registered nurse or licensed practical nurse who receives an order from a Nurse Practitioner for medications, tests or treatments is authorized to perform that order in the same manner as if it were received from a licensed physician."

Medical-Surgical Division to sponsor workshop on 'Electrocardiography for Nurses'

A two-day workshop on "Electrocardiography for Nurses—How To Read an ECG" will be conducted July 10-11 at NCNA headquarters. The course will be taught by Nancy Anderson, R.N., C.C.R.N., Winston-Salem and is sponsored by the NCNA Medical-Surgical Division.

The program is designed for nurses with a limited background in electrocardiography and as review for nurses with ECG monitoring experience. The program is approved by NCNA's CERP Committee for 15 contact hours.

Workshop content includes: basic anatomy and electrophysiology, arrhythmia identification, ECG reading practice, drug therapy and determination of electrical axis. The interrelationship of the ANA Standards of Cardiovascular Nursing will be identified.

Registration fees are $20 for NCNA members, $40 for non-members. Fees include tuition, workshop materials, and coffee breaks. Lodging information on nearby motels is available from NCNA on request. Registration begins at 8:30 a.m. on July 10.

Pre-Registration
Electrocardiography For Nurses

Name_____ Social Security Number_____

Address _____

Employing Agency_____

Fee Enclosed:
( ) NCNA Member $20.00 ( ) Non-Member $40.00

No refunds after July 5; $5 administrative fee deducted on cancellations prior to July 5

Make Checks Payable to: North Carolina Nurses Association
P. O. Box 12025, Raleigh, N. C. 27605

NCNA, March of Dimes to repeat RN award

Agoin this yeor NCNA ond The Notional Faundation-Morch of Dimes will collaborote to select the 1978 Morch of Dimes "Nurse of the Yeor". An aword of $500 will be made ta the registered nurse selected for outstonding contribution to moternol-infont core.

The oword will be presented ot the NCNA convention in October in Asheville.

A committee hos been named to develop rules far the competition. Nominotion forms will be ovailoble soon from NCNA heodquorters ond will be distributed widely throughout the state to facilities and agencies where moternol-child health nurses ore procticing.

The 1977 winner wos Mory Lou Moore of Winston-Solem.

Requests for nominoting moteriols should be addressed to NCNA.

Actions of the Board

At a meeting an April 15, 1978, the Boord of Directors took the following octions:

- Authorized transfer of the $6,000 Reserve Fund from the SNA pooled occount in Kansos City (effective interest rote of 4%) to o sovings certificote ot o locol Sovings and Loan (effective interest rate of 8%).
- Accepted the auditors' report of Haskins and Sells on 1977 financial operations.
- Endorsed a recommendation of the Council of District Presidents that districts be requested to consider impact of standardized district dues.
- Received o report on the March workshops on membership promotion and on other activities of the Membership Committee.
- Discussed issues expected to come before the ANA House of Delegates at the 1978 convention.
- Directed that arrangements be made for a breakfast, an evening social hour, and caucus facilities for the NCNA members attending the ANA convention.
- Approved an application for an educational loan from the Memorial Educational Fund.
- Appointed Daisy Burton ta fill a vacancy as representative of the Board of Directors on the Membership Committee.
- Appointed Jean Gosnell to fill a vacancy on the Ad Hoc Committee to draft a position statement an financial responsibilty for mandatory continuing education for nurses.
- Remanded to the CERP Committee proposed changes in CERP fees, requesting rationale.
- Heard responses from members regarding (1) ANA Board of Directors' actian to hold ANA meetings only in those states which have ratified ERA and (2) ANA communications to HEW calling for Medicare reimbursement only to baccalaureate prepared FNPs.
- Heard reports on the ANA E&GW meeting in Texos and the Southeastern Region SNA Executive Directors meeting in Atlanta.
- Reviewed the March budget report and established these priorities for funding until the next Board meeting: Reprinting the CERP brochure; subscribing to the Institute of Government legislative bulletin service for the 1978 session of the General Assembly; funding meetings of the Commission on Practice, Affirmative Action Committee, and Legislative Committee.
- Autharized offering district associations and SNANC a rebate of $1.00 on each hardback **History** and update brachure sold at $6.00.
- Approved appointment of Judy Seamon to the Commission on Practice.
- Recammended to the Bylaws Committee that bylaw revision be made clarifying the mechanism far filling vacancies in Commission chairmanships.

Membership Corner . . .

Three workshops have been held to ossist district ossociotions in methods of membership recruitment, identifying torget groups for promotionol efforts, ond how to tell the ANA/NCNA story to non-members.

Two workshops were held in headquorters during March, at which 17 districts were represented by 30 members. The response was so positive that the Membership Committee has identified those oreos where districts have not been represented ot the Morch workshops ond is attempting to arronge repeot workshops in the extremes of the state. The first such repeot wos held on April 29 in Asheville, ottended by nine representotives of five districts. Others ore scheduled for Elizobethtown on May 19 for o cluster of districts in thot oreo, for Hickory on June 2, ond for Greenvil' on June 26.

District membership ond octivity is the bockbone of NCNA ond ANA. Stote-level committees ore successful only to the extent thot districts provide input, informotion, feedbock, support, ond implementotion. Impoct on heolth core delivery issues in North Corolina is not accomplished by NCNA olone; indeed, in most coses the pressure point is locol/regionol. How con we effectively deal with peer review for nurses? Can this mechonism be developed through PSRO? Do you support mondotory C.E. for nurses? Are you making on effort to get involved in the Voluntory Cost Contoinment programs being set up in hospitols? Are nurses serving on HSA boords in your HSA? Hove you been to on HSA sub-areo meeting lately? What should be the educotionol preporotion for the professionol nurse entering the profession in the future? Whot kinds of nurses should be prepared and licensed for future nursing needs? How does your legislotor feel obout the proposed PA/NP bill? Hove you discussed it with your stote representotives?

Does your district address these issues? Is there an-going effort to let non-members know thot these issues offect them and thot their membership and porticipotion is needed in the decisian-moking by nurses?

The NCNA Membership Committee is appraoching the membership promotion chollenge in o voriety of woys. A speokers bureou has been formed of articulote NCNA leoders who have volunteered to visit schools of nursing to discuss membership with groduating seniors. Schools hove been asked to orronge for such visits. So far, obout 20 schools hove invited these speokers. Others unable to schedule visits hove furnished nomes ond addresses of groduoting seniors, and packets of informationol moteriol ore being moiled to these.

A speciol mailing from the stote heodquorters is going to all members who foil to renew on their expiration date. Also, NCNA has purchased the list of all nurses currently licensed and living in North Carolina. These names are being sent to the appropriate districts, with a kit af materials and suggestions for contact with all non-members.

If you are willing to participate in this all-out effort to broaden NCNA's membership base so that the profession can strengthen its impact on health care delivery decisions, volunteer to help your district membership cammittee, or cantact NCNA for suggestions ond materials on what you can do to help.

Crystal-balling. . . .more responsibilities for SNAs

Recent happenings in Washington make it increasingly apparent that state government and state health officers will be relied on increasingly in the future for carrying out federal health policy. This new reliance on states will increase the responsibility of state nurses associations—for instance, states must increase their resources and abilities ta labby effectively for health and nursing education budgets, and the number of nurses in decision-making positions in state government must increase.

The extension of the Health Planning Law now being finalized in Congress will give a greater role in health planning to the governors. Future health manpower and nursing legislation is expected to be limited in federal funds, emphasizing that states should bear the brunt of such funding. Indications are that various components of HEW are building bridges to state health agencies.

How do you as a NCNA member respond to such possible demands on NCNA?

Letters . . .

To the Editor:

I am a L.P.N. and a R.N. working as a nurse and currently enrolled as a full time senior in a B.S.N. program and a member of NCNA. Having just finished reading the March-April edition of **Tar Heel Nurse**, I feel obligated to write this letter.

Your article on the task force for mandatory continuing education has left me "open-mouthed" with wonderment. The task force was made up of sixteen members, five from an official organization (N. C. Board of Nursing) and eleven from voluntary nursing organizations (three from N.C.L.P.N. Association, two from N.C.L.N., six from N.C.N.A.). The article stated:

"The task force surveyed nurses as to . . . their opinions of making continuing education mandatory. The majority of both R.N.s and L.P.N.s opposed mandatory C.E."

May I pose some questons? If 11 out of 16 members of the task force were representatives of voluntary nursing organizations, whose majority did not want mandatory C.E., how was it approved? Who are these organizations representing (certainly not the majority of their constitutents)? I wish to know **if** and **why** our representatives voted or agreed to a policy which **was** and **is** in direct contradiction to the wishes of the majority of the members of organizations they are supposed to be representing.

Fredericka H. Duehring, R.N.

To the Editor:

I am greatly opposed to the recent action taken by the ANA Board to discontinue meetings and Conventions of ANA in states that have not ratified the ERA. According to a statement in the ANA newspaper, this action was taken on a resolution of the 1974 Convention House of Delegates. Why did the Board go back to the 1974 Convention to get a resolution for such a thing when the House of Delegates of 1976 voted down a resolution to discontinue meetings in states that had not ratified the ERA? I attended the 1976 convention in Atlantic City, N.J. and I heard the discussions on that resolution by the House of Delegates, so I know it was not the intentions of the House of Delegates for that to happen. How can a board go back to resolutions of previous years? Why didn't the board wait and let the House of Delegates vote on it at the June 1978 Convention in Hawaii, which would have been only o few months to wait? That way the board would really know the intentions of the House of Delegotes.

It seems to me, with ANA being the officiol spokesmon for nurses ond nursing, that the Board would be very careful before they do something as drastic as thot decision about the meetings and conventions. It seems to me a Board of a few people can take a broad-ended resolution like the one from 1974 and do whatever the few want.

I am opposed to the Equal Rights Amendment and am greatly disturbed that my North Carolina Nurses Association voted to go on record to support ratification of ERA. Even if I were pro-ERA, I would still think the ANA Board has over-stepped its bounds and taken too much authority by overpassing a definite resolution of the 1976 convention and dragging out one from the 1974 convention and doing what a few people want and then saying that the few are speaking for all of nursing and nurses.

I am asking ANA to explain why the Board neglected to remember that the 1976 resolution was voted down—voted NO.

I think our ANA Board has done a terrible thing to stoop to the LOW tactics of boycotts and joining the ranks of the liberal women activists of this country.

June B. Baise, R.N., F.N.P.

N. C. nursing groups form federation

Eighteen representatives of 12 nursing organizations in the state attended the second meeting of this group held in March at NCNA headquarters. NCNA President Russell Eugene Tranbarger was elected director.

The representatives agreed that nursing organizations in the state need an umbrella structure. A framework was adopted providing for: Meetings at least annually and more often as needed; one vote for each statewide organization; membership open to any group composed primarily of nurses; rotation of host functions on a voluntary basis.

The name selected for the group is "North Carolina Federotion of Nursing Organizations". The next meeting will be held June 3 at NCNA headquarters, to be hosted by NAACOG.

The Federation discusses issues of common concern to all nurses and shares information on activities and interests of the various organizations.

Pat Bryan honored by service sorority

Pat Bryan, administrative assistant on NCNA's headquarters staff, was selected "Girl of the Year" in recognition for outstanding achievement by Preceptor XI Chapter, Beta Sigma Phi Sorority, at its 47th Founders Doy Banquet April 30 in Durham.

The Sorority is an international service orgonizotion. Pot hos served as president of her chapter for the post yeor ond has been a member of the Sorority for olmost 20 years. The honor goes to the chapter member who has best fulfilled the responsibilities of Beta Sigmo Phi members and exemplifies its ideols and purposes.

Mason first RN to hold key state health post

Elizabeth S. Mason

Holding a key position in the state's health administration system is Elizabeth S. Mason, recently appointed chief, Licensure and Certification Section, Division of Facility Services, N. C. Department of Human Resources. Mrs. Mason served as octing director for a two-month period and served as hospital nursing consultant with the Division for several years prior to February 1. She is the first registered nurse to hold the position of Division chief.

In her new position Mrs. Mason directs inspection and state licensure activities and/or Medicare and Medicoid survey and certification activities of 161 hospitals, 15 abortion facilities, 182 nursing homes, 70 mental heolth facilities, 26 home health agencies, 25 independent laboratories, 886 homes for the aged, 6 intermediate core facilities for the mentally retarded, 300 foster care homes, 20 child caring institutions. She olso directs inspection and approval of 183 jail facilities and the licensing of charitable fund-raising solicitotions.

She holds o B.S. in nursing from the School of Nursing, Medical College of Virginia, and M.P.H. from the Department of Health Administration, UNC School of Public Health. She is a member of District Thirteen, NCNA.

Rebate on 'History' sales offered to districts, SNANC

The NCNA Board of Directors is offering district associations and the Student Nurse Association of North Carolina a chance to enrich their coffers while assisting NCNA in distribution of the reprints of **History of Nursing in North Carolina**, reprinted for North Corolina nurses last year as a 75th Anniversory project.

The hordbock **History** is sold with a supplement brochure of highlights in nursing in the state since the **History** wos published in 1935, ond the two are priced at $6. Districts and SNANC will receive o rebote of $1.00 for each $6 History and supplement sold. Direct inquiries to NCNA heodquarters.

PSRO converence—May 24 application made for CERPS

This is a reminder that the NCNA PSRO Committee will conduct a conference on May 24, 10 a.m. - 4 p.m. in headquarters on basics of PSRO and how nurses can become involved.

District associations are urged to send at least one representative to this conference. Any interested member may attend. There is no registration fee; however, materials explaining the PSRO law and giving guidelines for its implementation will be available at $3.50. Application has been made for six CERPs. Nurses desiring CERP credit will be charged a $2 administrative fee for the CERP certificate.

Medical Care Commission makes regulation changes

Recent changes in regulations of the North Carolina Medical Care Commission are of interest to nurses.

Regulations which formerly were interpreted as prohibiting substitution of registered nurse for an emergency medical technician in transferring a patient from one facility to another have been amended to permit substitution of a RN.

Maximums have been increased for loans under the Commission's Educational Loan Program to keep pace with the escalating cost of education.

Except for nursing, teaching has been deleted as an eligible practice assignment for discharge of loan commitments. Teaching was retained for nursing because of the continuing critical need for clinical nursing instructors.

In cases of disability, deferment of repayment of a loan may be granted.

The Commission will support proposals in the 1978 General Assembly to provide permanent exclusion from gross income student loans cancelled through service and will support such tax revision in Congress.

DIRECTOR OF NURSING—BREVARD

Outstanding opportunity for someone with effective management and leadership skills to make a real contribution to nursing practice in this community. Baccalaureate degree is a minimum requirement. Salary $16,000 to $21,000 depending on education and experience. Transylvania Community Hospital is an acute non-profit facility opened in 1973 that currently has 64 of its 104 beds open. Brevard is 35 miles south of Asheville and the heart of the mountain resort and summer camp area. Please contact W. E. Roye, Administrator, PO Box 1116, Brevard, North Carolina 28712 (704/883-9111).

Corson represents NCNA at heart conference

Joanne Corson was selected to represent NCNA at a conference, "Extending the Role of Nurses in High Blood Pressure Control" held May 2-4 in Dallas, Texas, and jointly sponsored by the American Heart Association Council on Cardiovascular Nursing and the ANA Medical-Surgical Division. The conference was funded by a grant from the Ripple Founcation.

Each state was represented by two nurses, one selected by the state nurses association and one by the state heart association. Nurses selected were knowledgeable in the area of high blood pressure and responsible for and committed to providing continuing education by replicating the conference in their local community.

Ms. Corson, a member of District Thirteen, is on the staff of the Wake County Health Department.

District 33 sponsors county health fair

District Thirty-Three sponsored Johnston County Health Fair on Saturday, April 22, featuring 40 booths where health information was dispensed by a variety of health agencies to interested citizens.

A warehouse was converted into booths for the Fair, and the inventive district members sold refreshments. Mabel Gurganus was chairman of the planning committee.

Booths featured a wide variety of health information, including safety and nutrition for the elderly, venereal diseases, family planning, dental care, immunizations, home health, food stamp program, pap tests, poisons, Red Cross blood program, mental health programs, and many others. Hearing screening, blood pressure checks, and other screening were available.

Another district association has participated in a community health fair. At a recent Fair in Fayetteville, District Fourteen sponsored a booth featuring nursing caps of members.

Membership information on Rape Crisis Association

The North Carolina Rape Crisis Association, Inc., is a private, non-profit organization founded by the rape crisis centers of North Carolina. Objectives include educating the public about the phenomenon of rape, improving effectiveness of legislation concerning rape; improving the quality of judicial, policy, hospital, and counseling practices that relate to rape; and aiding in the organization of new rape crisis centers. Membership is open to concerned individuals. Dues of $5 includes the NCRCA Newsletter. Write to: NCRCA, P. O. Box 2491, West Durham Station, Durham 27705.

ANA seeks consolidation of VA bargaining units

The American Nurses' Associaton's Board of Directors has approved a recent recommendation by the Economic and General Welfare Commission to petition for consolidation under one contract 53 local Veterans Administration bargaining units. The 53 units include about 8,000 RNs.

The plan is intended to save money, strengthen the collective voice and bargaining power of the nurses, and make more efficient use of trained specialists in law, economics, and labor relations, said Wayne Emerson, director of ANA's Economic and General Welfare Divison.

At present, each one of these VA units has a separate contract negotiated by its own collective bargaining agent, the state nurses association. NCNA is bargaining agent for RNS at VA hospitals in Durham and Fayetteville and has serviced these contracts for several years. Nurses at two other VA installations in the state are represented by a union.

The move, if granted, said Mr. Emerson, would bring about cost savings because only one contract would be negotiated at the national level; a greater level of representation because the consolidation of the units will offer its nurse members a unified voice; and will serve as a more certain path to represent new units of nurses who seek assistance from ANA. The petition will be filed in accordance with recent amendments to executive order #11491, designed partly to facilitate and encourage larger bargaining units and the consolidation of existing units.

News Briefs . . . .

- May is "Senior Citizens' Month" in North Carolina and through the United States. The North Carolina Senior Citizens' Federation, a private non-profit organization, is planning a special day on May 31, when 1,000 elderly poor residents will gather in Raleigh at the Civic Center to speak to state and federal government representatives about the needs of the elderly for programs and services. The Federation is soliciting donations toward the cost of this special day. Contributions are tax deductible and may be sent to: North Carolina Senior Citizens' Federation, P. O. Box 1516, Henderson, N. C. 27536.
- The National League for Nursing's list of associate degree nursing programs accredited as of January 31, 1978, includes four North Carolina schools: Fayetteville Technical Institute, Gardner-Webb College, Rockingham Community College, and Sandhills Community College.
- The International Council of Nurses and ANA have announced the relocation of the 1981 Congress of ICN to Los Angeles, Calif.,

CERP Approved Continuing Education Programs

DATE & LOCATION	OFFERING TITLE	CERP CREDIT	CONTACT SPONSOR FOR INFORMATION
June 8 - 9 Wilmington	N.C. Family Nurse Practitioner Summer Session	12	Shirley Sutton, NC FNP Conference Group, AHEC 2131 S. 17th St., Wilmington 28401
June 11 Fayetteville	Sudden Infant Death Syndrome	1	Diane Herring, NCNA Dist. 14, 3154 Lakecrest Dr. Fayetteville 28301
June 13 Raleigh	Disseminated Intravascular Coagulapathy (DIC) in O8/GYN	1	Bobbie Frye, NAACOG, Rt. 1, Box 63 Pittsboro 27312
June 13 Chapel Hill	Alcoholism	2	Rick Davidson, MD, Orange-Chatham-Comprehensive Health Services, 105 Roberson St., Carrboro
June 16 Wilmington	Femoral Artery Bypass Seminar	3	Carol Moore, Wilmington AHEC 2131 S. 17th St., Wilmington 28401
June 21 - Part I Oct. 4 - Part II Raleigh	Perinatal Nursing Standards	6 6	Joan Reid, NCNA, Box 12025, Raleigh 27605 (Maternal-Child Health Division, NCNA)
July 5 Winston-Salem	Human Sexuality & Diseases	2	Claire Wilson, AACN, Box 5801 Winston-Salem 27104
July 10-11 Raleigh	Electrocardiography for Nurses	15	Joan Reid, NCNA, Box 12025, Raleigh 27605 (Medical-Surgical Division, NCNA)
FORSYTH TECHNICAL INSTITUTE will sponsor the following course. For information contact Frances Proctor, Health Coordinator, FTI, 2100 Silas Creek Parkway, Winston-Salem 27103.			
May 29--June 29 Winston-Salem	RN Refresher Course	100 (about)	
UNC-CHAPEL HILL SCHOOL OF PHARMACY will sponsor the following offering. For information contact: School of Pharmacy, Continuing Ed Division, Beard Hall 200-H, UNC-Chapel Hill 27514			
June 7 - Charlotte	Bowel Management of the Geriatric Patient	5	

CERP ACHIEVERS*

Lynn Rose Forrest, Raleigh — Sandra Venegoni, Sea Level — Mary Singleton, Waynesville

* NCNA Policy: Only first-time achievers are listed.

Going to Hawaii?

NCNA staff is compiling a list of North Carolina nurses planning to attend the ANA convention in Hawaii. If you are going with the NCNA-sponsored Circle Tours excursion, you are on the list. Others attending are urged to send to NCNA headquarters **immediately** their name, home address, and Hawaii address. We want to notify you of our special North Carolina breakfast and caucus schedule.

for June 28-July 3, 1981. The Congress originally was scheduled for Kansas City, Mo. The Congress will involve nearly 15,000 nurses from around the globe and will be hosted by ANA.

- Guidelines for Educating Nurses in "High Blood Pressure Control" are available from: High Blood Pressure Center, 120/80 National Institutes of Health, Bethesda, Md. 20014. The guidelines may be used in pretesting, selecting, content, and in evaluating learning outcomes. They were developed by a task force on the role of nursing in high blood pressure control (ANA was an active participant) formed by the National High Blood Pressure Education Program.
- **Maternal and Child Health Statistics for North Carolina, 1976, Vols. I and II,** published by the Division of Health SErvices, N.C. Department of Human Resources, are available in the NCNA library.

Hospice of N. C. offers support to terminally ill

Hospice of North Carolina, Inc., was organized recently as a community of care devoted to the support of the terminally ill and their families in their own homes. Several registered nurses have been active in the organization of Hospice, some serving on its newly-formed Board of Directors. Carl L. Whitney is executive director.

There are currently over 40 communities in the United States which provide services centered upon the patient and his family, involving both skilled volunteers and health care professionals. Some provide centralized care; others, like Hospice of North Carolina, offer assistance in the family's home.

The hospice philosophy reflects a commitment to the care of the whole person. It begins where traditional curative therapies leave off. When "there is nothing more to do" to restore health, hospice affirms that the nourishment and regard for personal lives and values is appropriate and necessary. Hospices provide a variety of services, including management of pain, maintenance of personal control, and counseling to help family members cope with grief and bereavement. The patient-family is the unit of care.

Persons interested in Hospice of North Carolina, Inc., may write to P. O. Box 11452, Winston-Salem, N. C. 27106.

LOST -- 55 members who did not renew in April

Information sought on discrimination

ANA has been requested to inform its members that HEW is conducting a study, mandated by Congress, on whether schools preparing health professionals deny admission or otherwise discriminate against applicants because of the applicant's views on abortion or sterilization.

Applicants are invited to comment and relate experiences on the questions of abortions and sterilization with regard to the admissions process. Information should be sent to: Planning, Evaluation and Legislation Branch, Office of Program Development, Bureau of Health Manpower, HRA, 3700 East-West Highway, Room 4-30, Hyattsville, Md. 20782. Requests can be made that the source of allegations not be disclosed, unless required by law.

FULL TIME FAMILY NURSE PRACTITIONER FACULTY POSITION with certificate program at the Mountain Area Health Education Center in Asheville, N. C. FNP Program is an affiliation with the University of North Carolina at Chapel Hill. Involves teaching, clinical preceptorship, program coordination and evaluation and development of mental health curriculum under new grant. Clinical practice opportunities. Located in beautiful Western North Carolina mountains with hiking, skiing, summer sports available. FNP prepared at Master's level required. Clinical experience preferred. For additional information on salary, fringe benefits, contact FNP Director, MAHEC, 501 Biltmore Ave., Asheville, N.C., 28801. Phone 704/258-0881. EQUAL OPPORTUNITY EMPLOYER.

Mark Your Calendar

Moy 22, 1978
Meeting of Delegotes and Alternates to ANA Canventian, NCNA headquarters

Moy 24, 1978
Canference an PSRO far district representatives, NCNA headquarters

June 9-14, 1978
ANA Canventian, Hanalulu, Hawaii

June 21, 1978
Part I, Warkshop on Perinatal Nur sing Standards, Ramada Inn Sauth, Raleigh

July 10-11, 1978
Electracardiagraphy for Nurses, Warkshap canducted by NCNA Medical-Surgical Divisian, NCNA Headquarters

October 4, 1978
Part II, Warkshap an Perinatal Nursing Standords, Ramada Inn Sauth, Raleigh

October 25-27, 1978
NCNA Canventian, Grave Park Inn, Asheville

SNANC schedules convention

The Student Nurse Assaciatian af Narth Carolina will hald its 1979 convention February 22-25 at Hyatt Hause and Bentan Canventian Center in Winstan-Salem.

NCNA has announced appaintment af twa advisars ta SNANC. They are Sharan Mailey and Judy Rahm, both af Chapel Hill. They succeed Jane Ray, wha is entering graduate schaol, and Phyllis Nichals, wha is pursuing dactaral studies at University af Alabama.

About People . . .

Sodie B. Kennerly of Trautman hos been elected ta the Naminating Cammittee af the Natianal Assaciatian far Practitianers af Infectian Cantrol. She was 1976 president af the Narth Caralina Chapter, APIC . . . **Lucy Fort** af Chapel Hill has been appainted ta ANA's Regianal Cantinuing Educatian Accreditatian Cammittee far the Sautheast. She is the secand NCNA member named ta the Regianal Cammittee. **Joon Mockie**, former NCNA staff member naw teaching in psychiatric-mental health ot Butner, hos served an the Regional Committee for two yeors . . . **Dr. Dorothy Talbot**, professar and chairman, Department af Public Heolth Nursing, UNC Schaal af Public Health, was elected president of the North Caralina Saciety far the Preventian of Blindness at the saciety's annual meeting last manth . . . **Eunice Borrow** hos retired ofter 16 years as head nurse in abstetrics and gynecolagy at Croven Caunty Hospital, New Bern . . . **Sylvene Spickermon**, member of the N.C. Baard af Nursing, participated in the pragram af a regianal canference, "Nursing Practice in Primary Health Care", held last manth in Gatlinburg, Tenn., canducted by Tennessee Nurses' Assaciotian ond Vanderbilt University Schaal af Nursing Cantinuing Educatian Pragram . . . **Lois Isler** af Greensbara has been selected vice-chairman af the NCNA Cammission an Practice . . . **Soro Fry** of Jacksonville, candidate for the master's af public heolth nursing at UNC-CH received the 1978 Margoret Blee-Ruth Warwick Hoy Award for schalarship and leadership patentiol . . . **Wondo J. Boyette** has been pramoted fram director of nursing ta assistant administrotar-nursing at Sampsan County Memariol Hospital, Clintan.

!NEED A NURSE!

LPN ar RN far 8 wk. church camp, begin June 11. $80 per wk. plus Rm and Bd.
Contact: Methodist Camps,
Box 10955
Raleigh, N. C. 27605
919/828-0568

Nurse-PAC elects officers; sets ERA as 1978 priority

Nurse-PAC held electians at its recent annual meeting and has set as its 1978 priority strategies for passage af ERA in Narth Caralina.

New afficers elected were: Ora Strickland-Davis, vice-chairman; Jahnea Kelley, secretary; Sharan Jacques and Laletta Faulkenberry, ane-year trustees; Janet Campbell and Gale Tauger, twa-year trustees; Gene Tranbarger, Candace Currin, and Lauise Schlachter, Naminating Committee. Teri Weddle cantinues in a twa-year term as chairman.

Unemployment data on RNs, LPNs released in NLN study

A recent study dane by the Natianal League far Nursing of newly licensed nurses shaws that the 1977 unemplayment rate of practical nurses licensed in 1976 was mare than dauble that af RNs licensed in thot some year. The study was based on questionnaires sent to 51,252 RNs and 25,599 LPNs. Seventy-five percent af the registered nurses and seventy percent af the LPNs responded. The respanses shawed 5.0 percent unemplayment far LPNs campared ta 2.3 percent far RNs.

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Carolino 27605

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Tar Heel Nurse

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Conferences set on mandatory C.E.

During September a representative sampling of nurses in the state will have the opportunity to respond to a proposed implementation plan for mandatory continuing education for relicensure of RNs and LPNs in North Carolina.

One-day conferences will be held during that week at eight sites across the state, at which members of the Task Force to Study Continuing Education for Relicensure will review the Task Force report and conclusions and will outline a proposed implementation plan, including approval process, what is acceptable C.E., mechanism for submitting evidence by licensee, and time table. A major portion of the agenda will be a forum for audience comment, critique, and recommendations. Conferences are scheduled for Wilmington, Greenville, Raleigh, Fayetteville, Winston-Salem, Greensboro, Charlotte and Asheville. Four of the conferences will be held on September 19 and four on September 21.

Attendance at the meetings will be by invitation from the North Carolina Board of Nursing. Some 3,200 invitations are being issued, with a site designation for each. Those receiving invitations will be: three percent of head nurses and staff nurses; two percent of LPNs; employers of nurses; physicians; and representatives of organizations, state agencies, nursing education programs and state education systems.

Input from the eight conferences will be utilized in drafting proposed rules and regulations for implementing the first phase of mandatory C.E.—for inactive nurses returning to practice. These proposed rules and regulations will be the subject of a public hearing later in 1978, open to any interested individual. Authority already exists in the Nursing Practice Act to implement mandatory C.E. for inactive nurses returning to practice. Authority for mandatory C.E. for renewal of license (Phase II) will require new legislation.

The Task Force began deliberation on C.E. as a requirement for relicensure more

(continued on page 3)

Delegates reaffirm tri-level membership, baccalaureate degree for entry by 1985

The ANA House of Delegates reaffirmed mandatory tri-level membership by adopting bylaws amendments that provide for disqualification of SNAs that accept state-level members only, then charged the Committee to Study the Roles and Functions of the Various Levels to further delineate a federation model for presentation at the 1980 House of Delegates. Delegates indicated concern that ANA explore flexibility for financial survival.

Tri-level membership was one of the most controversial issues of the convention. Although at least two states (N.Y. and Florida) have offered their members options of state/district membership only, the House of Delegates directed the ANA Board not to initiate disqualification action against those states, pending the report on the federation concept in 1980. The Committee on Roles and Functions has already delineated some rearrangement of functions which could enlarge the responsibilities of state associations, necessitating greater SNA resources.

Williams

Whiteside

●Elected to office by House of Delegates balloting were two NCNA members. Corolyn A. Williams, left, of Chapel Hill was elected to the Commission on Nursing Research. Marion D. Whiteside, right, of Greensboro was elected to the Commission on Human Rights.

Equally controversial was the Entry into Practice issue. The House of Delegates adopted a resolution affirming that:

— by 1985 the minimum preparation for entry into professional practice is a baccalaureate degree in nursing;

— ANA ensure that two categories of nursing practice be clearly identified and titled by 1980;

— ANA, through appropriate structural units, work closely with state nurses associations and other nursing organizations to identify the two defined categories of nursing practice;

— national guidelines for implementation be identified and reported to ANA membership by 1980.

(continued on page 2

Tar Heel Nurse, *NCNA's newsletter, was judged best in its group in "Excellence of Total Editorial Content" in the biennial competition among state nurses association publications. The competition is sponsored by the American Journal of Nursing Company, and awards are made at each ANA convention. Shown left, Frances N. Miller, executive director and editor of* **Tar Heel Nurse**, *receives the award from Jo Eleanor Elliott, president of the AJN Company. To allow competition among associations of comparable size, the publications are grouped on the basis of the number of members in the respective states. North Carolina's competitive group included 20 states. Editors of AJN judged the category won by* **Tar Heel Nurse.**

cont

ANA Convention . . . continued from page 1

In related actions delegates resolved that ANA establish a mechanism for deriving a comprehensive statement of competencies for the two categories of nursing practice by 1980; urged ANA to actively support increased accessibility to high quality career mobility programs which utilize flexible approaches for individuals seeking academic degrees in nursing; endorsed and recommended to states the concept of grandfathering; affirmed ANA's commitment to provide full services to all ANA members currently identified as registered nurses.

Post-convention issues of the *American Journal of Nursing* and *American Nurse* will contain full coverage of the convention programs and House of Delegates sessions. Following are some convention highlights of particular interest to NCNA members.

● ANA's new president is Barbara Nichols, the first black president in the 82-year history of ANA. Ms. Nichols served on the ANA Board from 1974-78. She is director of inservice education at St. Mary's Hospital Medical Center, Madison, Wisc. Barbara was one of some 15 candidates who appeared at the NCNA breakfast in Hawaii on June 11 to campaign for votes (all three presidential candidates appeared). Barbara was reciting her contributions to ANA when organ music from a nearby worship service in our hotel nearly drowned her out. The song was "How Great Thou Art." Barbara and our Tar Heels broke up with laughter.

Nichols

● In her address to the House of Delegates, outgoing President Anne Zimmerman said, "Until there is closure on the question of what the basic preparation for nursing should be, progress on all other issues will be impaired." She continued, "Whether or not nurses agree with the ANA position on education that was taken in 1965, they are eager for a decision, for a plan and for a redirection of their energies."

She cited other issues to be faced, such as what the functions of district, state and national associations should be. President Zimmerman urged that the work of the Committee to Study the Roles and Functions of the Various Levels of the Organization be continued. She said, "the critical problems of sparsely membered states defy solutions, while the larger states have different but nonetheless serious problems."

In the area of nursing practice, Mrs. Zimmerman pointed out that the transference of professional functions from one health profession to another is a steady process. Accompanying this, she said, should be a parallel effort to identify what each of the health professions can do best.

"We have had some success in influencing federal legislation," the ANA president noted, "but we need to understand better the tactic of graceful reciprocation and occasional defeat so as to come back to fight again another day."

The president's plea for decisions in vital areas was accompanied with a challenge to the House for a plan to implement what is decided. "This association," she said, "is replete with pronouncements, positions and policies. However, we seem impoverished when seeking a plan to carry out that to which we are committed. What is needed is a programmatic compass to make our choices and set our direction for achievement."

● A slide tape presentation from the UNC-CH School of Nursing won first place in the AJN Company, Educational Services Division Media Festival. The slide-tape, "The Infant Nutrition Trip, Part I", was top winner in the maternal-child nursing category. Prepared by Clara Lewis, the presentation shows the importance of nutrition during the first year of an infant's life. The award was received in Hawaii ceremonies by Pauline Deberry, clinical assistant professor in the school.

● Tar Heel nurses participated in convention programs. Carolyn Williams, associate professor, UNC-CH School of Nursing and member, ANA Commission on Nursing Research, presented a paper on Nurse Practitioner research at a session, "Today's Research for Tomorrow's Practice: Studies with Practice Implications." Ora Strickland-Davis presented a paper on "Moods and Symptoms of Expectant Fathers During the Course of Pregnancy" at a program sponsored by the Registered Nurse Fellowship Program for Ethnic Minorities. She also was interviewed by national news media about her research report.

● Sen. Daniel K. Inouye (D-Hawaii), introduced to the audience as one of nursing's greatest friends, told nurses: "As a politician I find it hard to believe that a huge profession with a positive image sits by quietly and takes all the harassment that nursing does." He urged nurses to become more involved in the legislative and policy setting processes. "Yet for some reason, you decide to remain docile," he said, "but if you want to take away the phrase 'under physician supervision' you must flex your muscle...Because of the constant threat of malpractice, the competent and special talents of professional nurses are not utilized where, often, services provided by a physician can be provided by a nurse at very reduced cost to the consumer." Senator Inouye has introduced several bills in Congress allowing for the independent reimbursement of nurses, as well as a bill that would assure their active participation in all activities of PSRO. He concluded: "It is you with your large numbers and your positive public image who must convince the Congress that nursing practice is unique and that the nuse is a true health care professional. For the health and welfare of the nation and for the future of the nursing profession...I urge you to speak out and make your voice heard."

● Another challenge to become more active in the political process came from Congresswoman Yvonne Brathwaite Burke (D-Calif), who addressed a political luau sponsored by N-CAP. She said: "As insiders into the problem of sky-rocketing health care costs, you are often better qualified to recommend suggestions than those not directly 'in-the-know'. It is imperative that you assert yourselves, testify at hearings, and lobby your program and ideas to members of Congress...It may be that only you can effectively articulate certain health care needs of the nation...By working together, setting reasonable goals and effectively communicating your needs—and the needs of those you help to heal—not only will you be helping the ANA, but you will also be helping all of us who share your deep concern for the quality of life in this nation."

● An important convention session focused on a report on a vast project, "Analysis and Planning for Improved Distribution of Nursing Personnel and Services," conducted since 1975 by the Western Interstate Commission for Higher Education and funded by the Division of Nursing, HEW. The overall project goal was to strengthen the nursing community's ability to analyze and plan for improved distribution of nursing personnel and services. Of special interest to state nurses associations is a State Model, developed as part of the project, for state and local planners to project nursing manpower resources and requirements for the next five years. The model allows for variations among the states and requires judgments and decisions by state and local advisory groups. It provides an analytical framework and a process that states can use in estimating their own future requirements.

The WICHE project report projected an increase of between 84 and 137 percent in the numbers of RNs needed nationally in hospital jobs alone within five years. Project data shows that the 440,600 RNs required for hospital practice in 1972 will rise to between 810,000 and 1,044,000 by 1982. More RNs also will be needed (particularly those with baccalaureate, master's and doctoral degrees) in schools of nursing, nursing homes, community health, physician's offices, and occupational health. Also projected were a decrease in requirements for private duty nurses and a shift from hospital to nursing home employment for LPNs.

One of the recommendations of the project's panel of expert consultants was that state nurses associations take responsibility to coordinate and implement state planning for nursing.

● In other actions the House of Delegates: Supported the work of N.U.R.S.E., Inc., and pledged support to other well reasoned

(continued on page 6)

CERP Approved Continuing Education Offerings

DATE & LOCATION	OFFERING TITLE	CERP CREDIT	CONTACT SPONSOR FOR INFORMATION
8/16-18 & 9/20-22 Chapel Hill	Industrial Audiometric Technician Training Class	20	William Vanke, Director Audiological Service, Monitor, Inc. 121 South Estes Drive, Chapel Hill 27514
8/22-29 & 9/5-12 Hickory	Patient-Family Teaching	26	Marjorie Anderson, NWAHEC, Bowman Gray School of Medicine, Winston-Salem, 27103
Aug. 23 Waynesville	Intervention with Alcoholic Patients	5	Shirley Gaddis, Director Inservice Education, Haywood County Hospital, Waynesville, 28786
Sep. or Oct. Raleigh	Sexuality in Patient Care	7	Margaret Whittington, RN, Dorothea Dix Hospital, P.O. Box 7597, Raleigh 27602
	Nursing Process in Practice	12	
Sep. 4, Winston-Salem	Anti-Arrhythmic Pharmacology	2	Claire Wilson, V.P. Old Salem Chpt. AACN, 141-AB Broadmoor Lane, Winston-Salem, 27104
Oct. 4, Winston-Salem	Legislature: Involvement or Apathy	2	

EAST CAROLINA UNIVERSITY SCHOOL OF NURSING C.E. DIVISION & EAHEC will be providing the following offerings. For information contact Terri Lawler, Associate Director, EAHEC, P.O. Box 7224, Greenville, NC 27834.

Aug. 3 & 4 - Elizabeth City	Assessment and Management of Patients in Pain	11 CERP Points	Fee not listed
Sep. 8 - Greenville	Problem Solving Techniques	(.6 CEU) = 6 CERP Points	$12 Fee

UNC-CHAPEL HILL SCHOOL OF NURSING will offer the following. For information contact Judith Wray, CE Div. Some fee assistance possible.

8/7-11	College Teaching for ADN Faculty	30 RPs	Fee $125
8/21 (12 mos.)	Nurse Practitioner Program	In-State Fees: $617	
Fall '78	Cardiovascular Physical Diagnosis	50 RPs	Fee not listed
9/13	Is POMR Serving You?	6 RPs	Fee $25
9/14-15; 21-22; 29	Leadership for Health Professional	30 RPs	Fee $125
9/22	The Group Process Approach	6 RPs	Fee $25
10/2	Orientation for Coordinators of Nurse & NC Law	7 RPs	Fee $25
10/2-6	Practical Approaches to Diabetic Care	35 RPs	$125
10/4	Food Fads and Myths	6 RPs	Fee $25
10/9	Searching for Values	6 RPs	Fee $25
10/10-11	Elements of Effective Staff Develop.	12 RPs	$50
10/16-17	Cost Containment Through Budget....	12 RPs	$50
10/16-17	Emotional First Aid	12 RPs	Fee $50
10/16-17	Needles: Sharpen IV Mgmt. Skills	12 RPs	Fee $50

CERP ACHIEVERS *

* NCNA Policy: Only first-time Achievers are listed

Evelyn Ledwell, Turkey	Leah Powell, Whiteville	Sue Averett, Greenville	Georgie Blue, West End
Mary Smith, Fayetteville	Barbara Garrison, E. Flat Rock	Rebecca Bunting, Lexington	Annie Hall, Fayetteville
Janice Magner, Raleigh	Sandra Ward, Spring Lake	Harriette Taylor, Garner	Zelma Kilby, Statesville
Kathy Rowell, Garner	Danise Weaver, Greenville	Eleana Spence, Fayetteville	Bonnie Pratt, Boone
Lura L. Grimes, Smithfield			

Register NOW for the 1978 convention, October 25-27
Grove Park Inn, Asheville

NCNA member authors book

A new book, Realities in Childbearing, by Mary Lou Moore of Winston-Salem, has been published by W. B. Saunders Co. The new nursing textbook about the care of childbearing families includes a contribution by Dr. Ora Stricklond-Davis of Greensboro. Mrs. Moore is a member of the NCNA Board of Directors and was selected as the state's 1977 March of Dimes-Nurse of the Year for her contribution to maternal-child health in North Carolina. Dr. Davis is chairman of Nurse-PAC and member of NCNA's Core Legislative Committee.

The book is priced at $15.00.

Wanted: Master's Level Psychiatric Nurse in a multi-disciplinary community mental health program serving a town and country population of Western North Carolina. Salary Range $11,856 -$14,928. Contact: R. A. Foster, Foothills Area Program, One Northsquare, Morganton, N. C. 28655.

Actions of the Board

At a meeting on May 22, 1978, the Board of Directors took the following actions:

- Reviewed membership experience of 1978, cash flow, and financial projections for the remainder of 1978; reviewed steps taken to cut association expenditures.
- Established an ad hoc committee of the Board to review and evaluate various options for increasing membership.
- Voted to communicate the financial information received at this meeting to district associations, seeking their assistance in strong membership recruitment and to appoint a special committee to begin planning immediately on profit-making programs and workshops.
- Adopted deficit financing for the remainder of the current calendar year, authorizing borrowing, as necessary, the least amount of money at the lowest possible interest rate to meet essential obligations.
- Directed that a letter be sent to the Governor expressing NCNA's concerns over his lack of follow through on campaign promises to nurses regarding nurse appointments.

C. E. STUDY AVAILABLE

Copies of *Continuing Education for the RN and LPN — Issues and Implications*, a North Carolina Task Force Study, are available from the North Carolina Board of Nursing, P. O. Box 2129, Raleigh, N. C. 27602, at $3.75 per copy in state and $4.50 per copy out of state. Prices include postage.

Check or money order must accompany request.

C.E. . . . continued from page 1

than two years ago. Its recommendations have been endorsed by the boards of directors of NCNA and the North Carolina League for Nursing and by the House of Delegates of the N. C. Licensed Practical Nurses Association. The Board of Nursing has approved the recommendations.

Task Force members who will serve as conference leaders are:

Representing the Board of Nursing—Audrey Booth, chairman; Mary Ann Brewer, member; Mary McRee, executive director; Elizabeth Beach, associate executive director;

Representing NCLN—Evelyn Perry, president;

Representing NCLPNA—Sammy Griffin, executive director;

Representing NCNA—Rose George and Becky Taylor, both past presidents; Marjorie Anderson and Leigh Andrews, both past CERP Committee chairmen; Frances Miller, executive director; Carol Koontz, assistant executive director.

Membership Corner . . .

Why I Belong . . .

I have many reasons for being a member of the ANA, NCNA, and District Three. I wish to explain just a few of them to you. I believe my number one reason is that I feel an obligation to be a member, for I always remember a statement I heard once which goes something like this: A person should feel an obligation to support the organization of the profession from which he receives his livelihood. Even though many of us do not receive our complete livelihood from the nursing profession, I would say that our lives are made more complete from that which we do receive from practicing our profession. Therefore, we should support the organization for nursing.

My second reason is that as a member I have a right to speak up in support of or in opposition to any of the statements, resolutions, business proceedings, decisions, etc. that the association tronsacts. If I were not a member, I would not feel that I had a right to say anything for or against their decisions. Let me say here that I do not support many of the ANA and NCNA decisions, and as a member, I can let my opposing views be known. As many of you know, I strongly oppose the stond that the various levels of the organization have taken on the ERA (that is, to support ratification of the ERA). As a member, I voiced my opposing opinion at the NCNA convention last October. Recently the ANA Board of Directors voted to discontinue meetings ond conventions in states which have not ratified the ERA. I voiced my strong opposition to that decision. If I were not a member, I wouldn't have that right. You must remember that approximately 10% of the total number of nurses in America are members; 10% are making decisions for the other 90%. Whether the 90% who are not members like it or not, the American Nurses' Association is the official spokesman for nursing. More nurses should become members, speak up, and present their views so that the ANA could really speak for all the nurses.

I appreciate being a member because I enjoy the great educational seminars and meetings that are available for nurses to obtain continuing education. I appreciate the opportunity to serve in various offices in the district. Serving as an officer has helped me to mature and also have courage to speak before groups and develop the courage to speak up and make my opinions known. I also appreciate the various types of insurance policies available to members, especially the group malpractice insurance. I enjoy the fellowship of other members. As in everything, if one looks hard enough, he can find some good and some bad. I appreciate the good I find in the nursing organization, and I speak up in opposition to the bad that I find. I recently read a "thought" in my daily devotions which I think sums it all up: "Evil triumphs when good men do nothing". I say there are many good nurses who are too apathetic, and they had better wake up and speak out or they are likely to find that a few liberal nurses are making the decisions for nursing. I am a member and I am staying a member so that there will be at least one conservative view heard.

June B. Baise, R.N., F.N.P.
Member, District Three Board of Directors

News about Districts

CREATIVE NURSING AWARD

J. B. Lippincott Company is sponsoring the ANA Creative Nursing Awards and is utilizing district nurses associations as the sources for nominations of finalized candidates. The award will include a cash gift of $5,000 and will honor nurses whose creative achievements have had a decided impact on the health care services in a community.

Candidates must be nominated jointly by an organized community group (PTA, service group, etc.) and the district nurses association. Entries must be submitted to ANA by October 1. Information on the competition has been sent to all district associations. The award recipient will be announced in December. Members with interest in participating in this project should contact the district president.

CLAIM YOUR BANNER

District banners prepared for the 75th Anniversary observance have been hanging in NCNA's Margaret Dolan Auditorium since the 1977 convention. The banners will be removed by the end of the summer. Districts wishing to claim their banners for District safekeeping should notify NCNA.

'HISTORY' DONATED

District Two has had excellent media coverage of an activity other districts could consider. The district association donated a copy of *History of Nursing in North Carolina* to each county public library in the district. The volume was reprinted by NCNA during its 75th Anniversary year. Newspapers in each county carried stories of the donation and included information about the district association.

CANDIDATE FORUM

District Five's recent candidate forum could be a model for a stimulating program meeting in other districts. The district invited 18 candidates for the N.C. General Assembly to a district meeting. Thirteen came. Following introduction of the candidates, Peggy Hoffman commented on the NCNA Legislative Platform point by point. Candidates were invited to respond briefly. Their knowledge of the issues varied.

The nurse turnout was overwhelming, according to District President Anne McKelvey. About 100 attended, including some members of nursing specialty organizations. Charlotte newspapers, radio, and TV covered the meeting.

Group to promote diploma education

North Carolina's seven diploma nursing programs have organized to promote diploma nursing education. The group's first meeting was held in May.

Committees have been established to study educational mobility, increased financial support, and a framework for a formal state organization. Attending the meeting were representatives of Watts Hospital, Durham; Fletcher Hospital, Fletcher; Cabarrus Hospitol, Concord; Davis Hospital, Stotesville; Lenoir Memorial Hospital, Kinston; and Mercy and Presbyterian Hospitals, Charlotte.

Director of Nursing for a 164 bed long term care facility. Knowledgeable of Federal and State Regulations — Leadership ability — Challenging position. Good Benefits. Please apply in person or send resume to Oak Manor, Inc., 2401 Wayne Memorial Drive; Goldsboro, North Carolina 27530.

Peggy Maaney, right, is the first recipient of District Twenty's schalarship award. Peggy Price, left, made the presentatian at the district's June meeting. Mrs. Maaney is a second-year student at Nash Technical Institute.

$500 award awaits MCH 'Nurse of Year'

North Corolino's second onnuol seorch for the Morch of Dimes Nurse of the Yeor is underwoy.

The 1978 competition, conducted by NCNA ond the Notionol Foundotion—Morch of Dimes, provides o $500 oword to be used for continuing educotion octivities toword improvement of moternol-child heolth.

The competition is open to ony RN in thestote procticing within the oreo of moternol child heolth. Deodline for entries is August 31, 1978. Selection of the winner will be mode by o speciol committee of the NCNA Commission on Proctice. The oword will be presented ot the NCNA convention in Asheville in October.

Applicotion forms ond criterio hove been distributed widely over the stote ond ore ovoiloble from NCNA heodquorters.

Lost yeor's winner, Mory Lou Moore of Winston-Solem, is choirmon of this yeor's od hoc committee which plonned the fromework for the competition.

Letters . . .

To the Editor:

I would like to respond to the questions roised by Ms. Fredericko H. Duehring in the Moy-June issue of the *Tar Heel Nurse*.

After a thorough review and evaluation of the Tosk Force Study ond reports from NCLPNA Tosk Force members, the North Corolino Licensed Procticol Nurses' Executive Boord, in Morch 1978, voted unonimously to endorse the concept of mondotory continuing education for licensure renewol. Furthermore, the Boord voted to support ond endorse the report ond recommendotions of the Explorers Task Force.

In March 1978, NCLPNA's House of Delegates, ossembled in convention, unonimously voted to endorse mandotory continuing education for licensure renewal. There were **no** dissenting votes.

The action taken by NCLPNA's Executive Board ond House of Delegotes is certainly not in controdiction with the wishes of the mojority of its members, but is truly representotive of the orgonization. This octionolso demonstrotes continuing support of NCLPNA's Task Force members.

There is an issue in Ms. Duehring's letter I would like to address. How con she be on LPN and an RN? It is our understanding thot dual licensure is **not** permitted in North Carolino.

Sommy Griffin
Executive Director
N.C. Licensed Procticol Nurses Associotion, Inc.

1978 General Assembly enacts PA/NP legislation, other bills related to aging, school health education

By Joon M. Reid
Associote Executive Director

The 1978 Generol Assembly concluded its 13-doy record-breoking morothon on June 16, hoving rotified 204 bills.

A number of bills ore of interest to nurses. The bill on NP/PA writing medicol orders for nurses to corry out wos omended to delete C-3 in both sections. (See Moy-June **Tar Heel Nurse** for content of originol bill). These subsections deolt with limiting the NP/PA to dispensing drugs in oreos where drug stores were not geogrophicolly occessible. NCNA opposed thot port of the bill, since it would impoct negotively on the poor ond unmotivoted recipients of heolth services, especiolly through heolth deportments.

In response to objections by heolth deportments ond the Deportment of Humon Resources, this restriction wos deleted. The bill then went through with no further hitch.

The net effect of the deletion is bosicolly unchanged, however. The Boord of Phormocy hos hod the ability to promulgate rules ond regulations governing the dispensing of drugs. It still does. The Board's rules and regulations con include o geogrophicol limit, if the Boord so chooses.

Several bills were passed deoling with care ond services for the oged as developed from the Legislative Research Commission's Committee on Aging. One of these deols with the procedure for appointing advisory committees to nursing homes. In the 1977 Generol Assembly, o "Nursing Home Bill of Rights" wos possed requiring such odvisory committees. The languoge needed clorificotion on procedural ospects of oppointing such groups. Nurses interested in serving in this copacity are urged to contoct NCNA to find out the composition, appointment mechonisms, ond quolificotions needed. Another companion bill opproprioted money to the Deportment of Human Resources to train members of the nursing home community odvisory committees. Three other new lows recommended by the study committee provide for o tosk force to study home health and homemoker services; require that home heolth services be avoiloble in every county by January 1, 1980; permit use of school buses for tronsporting senior citizens.

The lost bill to come from the Committee on Aging of interest to nurses deols with modification of the income eligibility stondords under Medicoid reimbursement. The income level for eligibility is roised to between $300-$800 depending on size of family. An oppropriation was made to implement the increose.

Severol bills were ratified thot come os recommendations from the Legislotive Study Committee on Medicol Cost Contoinment. An oppropriotions bill wos possed to fund the continuing octivities of the Commission for another yeor.

A certificote of need bill, similor to one possed severol yeors ogo ond found to be unconstitutionol, wos possed without difficulty. This legislotion wos vitol in order for North Corolino to receive federol monies for heolth systems plonning. Originolly, on omendment to the stote constitution wos plonned os o componion bill. Becouse o constitutionol omendment requires 3/5 vote of both houses os well os o peoples' referendum, it wos decided to try to occommodote the longuoge of the bill to the present constitution. Certificote of Need legislotion provides thot heolth core focilities wishing to stort or odd to copitol expenditures for heolth services in excess of $150,000 must hove obtoined o written order thot the project meets the criterio of the N. C. Deportment of Humon Resources. The bill is lengthy ond detoiled. Those interested in reoding it in its entirety con obtoin o copy (Senote Bill 993) from the library ot the Legislotive Building. A componion bill oppropriated nearly $100,000 to implement the Certificote of Need legislotion by DHR.

Two other new laws resulting from the medical cost contoinment study ore the establishment of o commission to plon and develop a prepoid health program in the triongle orea ond o meosure requiring licensing of ombulotory surgicol facilities.

House Bill 783 (corried over from 1977) as rotified provides for o comprehensive gloucomo ond diobetes progrom through DHR. To estoblish and conduct the program, $25,000 wos opproprioted for the 1978-79 fiscol yeor.

Also possed wos onother bill carried over from the 1977 session to establish o stotewide school heolth educotion progrom over a 10-year period. The plon is comprehensive ond covers oll ospects of health. The responsibility for implementation of the bill lies with local school odministrotions, local heolth coordinotors, the Deportment of Public Instruction, and o stote School Heolth Educotion Advisory Committee. This committee's composition is specified to include o registered nurse oppointed by the governor from a list of three nomes to be submitted by NCNA. President Tranborger is presently compiling such o list for the governor's considerotion.

● The Public Heolth Nursing Section of APHA is trying to roise the finol $9,000 of a $25,000 lectureship honoring the late Morgoret Boggett Dolan of Chapel Hill, former president of NCNA, ANA, and APHA. Contributions are tax-deductible and may be sent to: APHA Lecture Fund, 1015 18th Street NW, Woshington, D.C. 20036.

1978 NCNA Convention

October 25-27, 1978
Grove Park Inn, Asheville

Theme: Prospectives '78: Encounter With Reality

Wednesday, October 25

9:30 o.m. - 7:30 p.m.
Registration
11:30 a.m. - 2:00 p.m.
Meeting of Structural Groups:
Privote Duty Section
Associate Degree Nursing Forum
School Nurse Section
12 Noon - 5:30 p.m.
Exhibits Open
2:00 - 3:00 p.m.
Keynote Address: Thelma Schorr, Editor, **Americon Journol of Nursing**
3:30 - 5:30 p.m.
Simultaneous Forums:

Grant Maney — Where It Is and How Ta Get It
Helen Ray, Smithfield, Director, Johnston County Health Department

William Henderson, Raleigh, Director, Program on Access to Health Care

How ta Keep Your Head Above Woter — Individual Finoncial Planning
Ray Pittman, Raleigh, CPA, Tax Specialist, Deloitte, Haskins & Sells

Toking Steps for Sofety's Sake — A Look ot Incident Reporting
Olivia Isil, Chapel Hill, Instructor, Continuing Education Department, North Carolina Memorial Hospital

The Dollars and Sense of Budget: Impoct on My Practice
Betty Eller, Greensboro, Assistant Director of Nursing Service, Guilford County Health Department

Barbara Kennedy, Pinehurst, Assistant Director of Nursing, Moore Memorial Hospital

Margaret Miller, Pinehurst, CCU, Moore Memorial Hospitol

6:00 - 8:00 p.m.
Council of District Presidents, Dinner Meeting
8:00 - 10:00 p.m.
Forum: **Legol Aspects of Continuing Educatian**
Karen Murphy, Chopel Hill, Attorney, Area Health Education Centers

Thursday, October 26

8:00 a.m. - 7:30 p.m.
Registration
8:30 a.m. - 5:30 p.m.
Exhibits Open
9:00 - 10:00 o.m.
Program Session: **Good Grief! Entry into Nursing Proctice**
Mary Lou Moore, Winston-Salem, Chairman, Ad Hoc Committee on Entry into Nursing Practice
10:15 - 12:15
Division Meetings to discuss "Guidelines for Study of Entry into Nursing Practice"
1:15 - 3:00 p.m.
Meetings of Structural Groups
Executive Committee, Baccalaureate and Higher Degree Forum
Community Health Division
3:00 - 5:00 p.m.
Program Session conducted by Nurse-PAC
Program Session: **The C. E. Price Tog — Wha Pays?**
Terri Lawler, Chairman, Ad Hoc Committee on Financial Responsibility for C.E.

Ruth Easterling, Charlotte, Member of House of Representatives, General Assembly of North Carolina.

Sister Kathryn Galligan, Chorlotte, Director of Nursing, Mercy Hospital

Rachel Funderburk, Morganton, Staff Nurse, Grace Hospital

Sharon Farley, Cullowhee, Assistant Professor, School of Nursing, Western Carolina University
5:00 - 6:30 p.m.
Business meetng, Nurse-PAC
5:15 - 8:15 p.m.
Psychiatric-Mental Health Advanced Nurse Practitioners Conference Group
7:30 - 9:30 p.m.
Meetings of Structural Groups
Maternal-Child Health Division
Baccalaureate and Higher Degree Forum
Practical Nurse Education Forum
Diploma Forum

Friday, October 27

7:00 - 8:45 a.m.
Commission on Educotion, Breakfast Meeting
8:00 - 10:00 o.m.
Registration
8:00 - 9:00 o.m.
Delegate Credentialing
8:30 o.m. - 3:00 p.m.
Exhibits Open
9:00 a.m. - 12:00 Noon
House of Delegates
2:00 - 4:00 p.m.
House of Delegates

ANA Convention . . . continued from page 2

court or legislative challenges to discriminatory practices in compensation for nurses; supported promulgation of requirements that the health services supervisor of the intermediate care facility be a registered nurse; called for study of creation of the office of president-elect; supported creation of a scholarship fund for baccalaureate education for registered nurses, with criteria for selection reflecting national priorities for increasing access to nursing care in underserved populations; supported inclusion of home health care, planned and supervised by RNs, as an essential component of a national health policy; took a stand against sexual exploitation of children; directed the ANA Board of Directors to take steps to assure that the newly formed National Council of State Boards of Nursing or any other similar organization does not usurp the authority and responsibility of ANA to establish and implement standards relating to state law pertaining to licensure, nursing education and nursing practice which safeguard the health and welfare of the public; reaffirmed ANA's 1974 position on National Health Insurance; supported the provision of quality nursing care to the dying patient; authorized a feasibility study on establishing a division within ANA for nurse practitioners; encouraged increased teaching of gerontological nursing in basic, graduate, and continuing education curricula; endorsed family centered childbirth; eliminated criteria which discriminated against small SNAs in ANA's staff services program of the Commission on Economic and General Welfare; supported the Board's action in limiting ANA meetings to states which have ratified ERA; adopted 1978-1980 priorities.

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New programs to train emergency nurse clinicians

Emergency Nurse Clinician Training Programs will begin in September at East Carolina University School of Nursing and at UNC-Charlotte School of Nursing. The programs are designed to give the nurse in the emergency department advanced training for instituting advanced life-support emergency care to critically ill or injured persons.

Funding is through a four-year grant from HEW to the N. C. Office of Emergency Medical Services. The curriculum is based on the care curriculum of the Emergency Department Nurses Association, modified to meet the needs of North Carolina.

The state EMS Office has recently employed Trish Rice as nursing education consultant. One of her current priorities is development of the new clinician training program.

Interested nurses should contact Ginny Tate, Eastern AHEC, P. O. Box 3157, Greenville, 27834, or Marcia Brooks, Charlotte AHEC, P. O. Box 2554, Charlotte, 28234.

About People . . .

Helen E. Peeler has retired from her position at Liberty House Nursing Home in Thomasville and now is residing in Salisbury. She was executive director of NCNA from 1967 - 1971.... **Joy P. Clausen**, Ph.D., is among the faculty conducting seminars at the national Continuing Education Symposium, Chautauqua '78, to be held July 29-Aug. 5 at Vail, Colo. Dr. Clausen is coordinator for outreach programs at Duke University School of Nursing. "The Enterostomal Patient—Body Images in Health and Illness" is the subject of her seminar.... **Hettie G. Nagel**, FNP, director of the MAHEC Family Nurse Practitioner Program, has been appointed to the North Carolina Joint Practice Committee, replacing Cindy Freund, who has resigned. Also appointed to the JPC representing NCNA is **Wanda Boyette**, member of the NCNA Board of Directors and assistant administrator for nursing at Sampson Memorial Hospital, Clinton.... **Ora Stickland-Davis** succeeds Terri Weddle as chairman of Nurse-PAC, North Carolina's political action committee for nursing.... **Carol C. Stephens** of Sylva has opened an office in Sylva for the practice of psychotherapy and mental health consultation. She is one of a small but growing list of RNs establishing independent practice. Ms. Stephens is certified as a clinical specialist in psychiatric-mental health nursing practice by ANA. Her experience includes four years as a therapist and consultant in community health nursing centers, most recently at Smoky Mountain Mental Health Center in Hazelwood.... **Grace Lee**, director of the associate degree nursing program at Gardner-Webb College, plans to retire at the end of August. She has held the director position since 1965.... **Carol Fray**, associate professor, UNC-CH School of Nursing, received the Nursing Faculty Award presented annually by the senior class to the faculty member who has most helped the class to develop their capacities, abilities to face life's problems, and their nursing competencies.... **Helen S. Miller** of North Carolina Central University received the Distinguished Alumna Award from Yale University School of Nursing on June 2. She was cited for her contributions to nursing practice, nursing education, and research... **Kit Nuckolls**, Ph.D., is leaving her position at MAHEC to join the nursing faculty at UNC-CH.... **Sylvia Kay Hart**, associate professor at UNC-CH School of Nursing, has been awarded the Bixler Scholarship in Nursing for 1978-79. The scholarship is awarded by the Southern Regional Education Board's Regional Committee on Graduate Education and Research in Nursing. Ms. Hart will use the scholarship to work toward a doctorate in occupational education at NCSU.... **Loren King** has left the position of director of nursing at C. J. Harris Community Hospital in Sylva to accept a similar position at Louise Obici Memorial Hospital, Suffolk, Va.... **Frances Farthing**, Ph.D., has

(continued on page 8)

Mark Your Calendar

September 27-28 and October 11-12, 1978
Electrocardiography for Nurses (4-day workshop) conducted by NCNA Medical-Surgical Division, NCNA Headquarters

October 4, 1978
Part II, Workshop on Perinatal Nursing Standards, Ramada Inn South, Raleigh

October 25-27, 1978
NCNA Convention, Grave Park Inn, Asheville

November 8-9, 1978
12-Lead EKG Workshop, conducted by NCNA Medical-Surgical Division, NCNA Headquarters

November 11, 1978
Federation of Nursing Organizations, NCNA Headquarters

February 22-24, 1979
SNANC Convention, Winston-Salem

November 9-11, 1979
ANA Scientific Sessions, Nashville, Tenn.

People . . . continued from page 7

retired as chairman of the Department of Nursing at Lenoir-Rhyne College. She served on the faculty since 1963.... **Bobbie Golec**, Craven County Health Department, was named Public Health Nurse of the Year by the 22-county Eastern Lung Association. She is serving as the TB project nurse for Craven County.... **Bobby Lewollen** was chosen Nurse of the Year by District Thirty-One of NCNA.... **Patricia S. Schlegel**, nurse epidemiologist at New Hanover Memorial Hospital, as president of the N.C. chapter, Association for Practitioners in Infection Control, received the national organization's Chapter of the Year award at APIC's national meeting in Boston.... **Noomi Slate**, private duty nurse at Mt. Airy, received the Outstanding Alumnae award from Martin Memorial Nurses Alumnae Association.... **Mary Ann Peter** is one of two new division directors of nursing service appointed at Duke University Hospital.... District Twenty-Eight honored **Louise Yount** as Nurse of the Year at the June district meeting. Ms. Yount has been the guiding hand in establishment of three nursing education programs and has served as president of three districts during her long nursing career.... Among the new appointments as assistant professors at the UNC-CH School of Public Health, Department of Public Health Nursing, are **Dr. Judith Adams** and **Cynthia Houston**. Dr. Adams has been a lecturer in the Department and at the UNC School of Nursing. Ms. Houston formerly was chief nurse in the employee health service, Ohio Department of Health, Occupational Health Division.... The listing in the March-April issue of NCNA members participating in the SREB project, Nursing Research Development in the South, should have included **Mable S. Corlyle**, Western Carolina University. Our apologies!.... **Susan F. Pierce** has been promoted to assistant professor, UNC-CH School of Nursing, effective September 1.... **Anita Brown** has been named assistant director of the Cabarrus Memorial Hospital School of Nursing, where she has been curriculum coordinator.

News briefs . . .

● "Guiding Teenage Parents: A conference in Nurturance and Nutrition" will be held in Chapel Hill September 7-8. It will focus on problems and professional roles involved in helping teenage parents develop parenting skills which may in turn prevent child abuse and neglect. There is a $5 registration fee. Information available from: Brenda Harris, Office of Continuing Education, UNC-CH School of Public Health 251H, Chapel Hill 27514.

● July 30, 1978, is the deadline for applications for the 1978-79 Congressional Fellowship Program conducted by the Office of Technology Assessment of the Congress. Six fellows will be selected to spend one year of work experience participating in the policy research and analysis program of OTA. Information available from: Congressional Fellowships, Office of Technology Assessment, Congress of the United States, Washington, D.C. 20510.

June Membership Scoreboard
New Members — 71
Members Deleted — 69

DIRECTOR OF NURSING
100-bed private psychiatric hospital in need of Master's or Bachelor's-prepared person clinically competent in psychiatric nursing with demonstrated leadership and administrative skills. Immediate opening. Salary is commensurate with qualifications. Western North Carolina area. Send resume and salary history to A-10, P. O. Box 12025, Raleigh, N. C. 27605.

NORTH CAROLINA NURSES ASSOCIATION
P O Box 12025
Raleigh, North Carolina 27605

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Bylaw amendments propose uniform district dues

A proposal for standardizing district dues at $5 is among amendments to be proposed to the NCNA 1978 House of Delegates. The proposed amendments appear in this issue.

The Council of District Presidents has recommended uniform district dues to eliminate the complexity and confusion of a variety of dues on the local level. A confusing dues structure has been identified as a barrier to effective membership recruitment. Several districts have recently adopted the $5 dues recommended, and this action encouraged the Bylaws Committee and Board of Directors to propose the uniform district dues for convention action in October.

Another amendment would make the vice-president chairman of the Membership Committee. This amendment is designed to give status to membership promotion as a priority program and to strengthen liaison between the Membership Committee and the Board of Directors.

Other proposed amendments clarify mechanisms for filling certain vacancies, clarify functions of commissions and committees, and editorially improve bylaw wording.

NCNA presses for RN on primary care task force

President Gene Tranbarger has recommended five nurses to Governor James Hunt for his consideration for appointment to a Task Force To Study Primary Care.

The Task Force is an outgrowth of a movement in some public health departments to establish primary care facilities and opposition of the North Carolina Medical Society to this program.

Publicity about the establishment of the Task Force To Study Primary Care indicated that "viewpoints to be represented on the Task Force include public health, the Medical Society, and the consumer." NCNA has communicated with both Gover-

(continued on page 4)

Issue-oriented convention in Asheville Will feature two days of CERP programs

Convention Keynoter... Thelma Schorr

A compact, issue-oriented convention has been planned by the Convention Program Committee, chaired by Barbara McGrath, and will be held October 25-27 at the Grove Park Inn, Asheville.

Recommendations from members about convention format have been carefully considered, and the result is a convention that offers two days of programs on professional issues, followed by a third day of "business only" by the House of Delegates. Ample time is allowed for visiting exhibits each day. Travel time is allowed on the first day to minimize the time off required from jobs.

Application has been made for CERP approval of the October 25 and 26 program sessions.

The keynote speaker is a well-known national nursing leader in much demand as a speaker at nursing meetings. She is Thelma Schorr, editor of the **American Journal of Nursing.**

A general program outline appeared in the July-August issue of **Tar Heel Nurse.** An additional panelist has been added to the program on "The C.E. Price Tag—Who Pays?" Robert Wall, administrator of Cabarrus Memorial Hospital, will represent the viewpoint of hospital administration.

A session, "Update on Issues", conducted by the Community Health Division, will focus on the implications of the Sunset Act (legislative assessment of state licensing boards and regulatory agencies). The session is scheduled for 1:15 - 3:00 p.m. on October 26.

Application has been made for CERP approval of all program sessions on October 25 and 26. Attendance at the NCNA convention is a tax-deductible professional expense.

Please note this correction in hotel rates as printed on the hotel reservation form

(continued on page 2)

This issue contains proposed bylaw amendments. Bring it with you to the convention.

Eight reps named for C.E. meetings

Eight members have been designated to represent NCNA officially at the invitational conferences on mandatory continuing education to be held during September by the Board of Nursing.

The report and recommendations of the Explorer Task Force and an implementation plan for mandatory C.E. will be presented for audience comment and suggestions.

NCNA's official representatives and the conference sites to which they are assigned are: Mary Bailey, Raleigh Civic Center, September 19; Daisy Burton, Bordeaux Motor Inn, Fayetteville, September 21; Vicki Tutor, Hilton Inn, Winston-Salem, September 19; Gene Tranbarger, Sheraton, Greensboro, September 21; Diane Meelheim, Moose Lodge, Greenville, September 19; Shirley Sutton, Hilton Inn, Wilmington, September 21; Mable Carlyle, Inn on the Plaza, Asheville, September 19; Anne McKelvey, Quality Inn-Downtowner, Charlotte, September 21.

Actions of the Board

At a meeting on July 14, 1978, the Board of Directors took the following actions:

- Voted to support efforts of the North Carolina Conference of Public Health Supervisors, Directors, and Consultants to upgrade classifications and salaries of public health nurses in the state system.
- Voted that in the event borrowing operating funds becomes necessary, the first $5,000 be borrowed from the Building Fund at the current interest rate being earned by that Fund and that the Finance Committee explore the possibility of borrowing from districts and individual members, should further loans be necessary.
- Directed that a letter of appreciation be sent to Nancy Anderson for her outstanding service to NCNA in conducting ECG workshops.
- Directed that testimony be presented to the Open Meeting Study Commission recommending that the exemption of occupational and professional licensing boards be removed from the open meeting law.
- Directed that a letter be sent to the chairman of the North Carolina Board of Nursing expressing NCNA's concern over purposes and objectives reported to have been stated by the National Council of State Boards of Nursing, a new independent organization of state licensing boards, which prior to June 1978 were organized within ANA as the Council of State Boards of Nursing.
- Heard a report from the Commission on Practice on its study of the North Carolina Nursing Practice Act and need for revisions.
- Authorized exploration of possible sources for funding for assessment of future nursing needs in North Carolina, using the WICHE Project's "State Model for Assessing Nursing Needs."
- Requested the NCLN-NCNA Joint Committee on Education to develop strategies for implementation of the NCNA "Position Statement on Opportunities for Baccalaureate Education for RNs."
- Designated official NCNA representatives to attend each of eight invitational conferences to be held in September on mandatory C.E. for nurses.
- Approved proposed amendments to bylaws for presentation to the 1978 House of Delegates.
- Approved new CERP fees of $10 for review of each offering and $5 for review of an application for individual credit.
- Established registration fees for the 1978 convention.
- Established Sunday, October 21, as the opening day for the 1979 convention.
- Selected Fayetteville as first choice and Wilmington as second choice for the 1980 convention.
- Approved a position statement on "Financial Responsibility for Continuing Education for Nurses."
- Authorized an ad hoc committee to prepare comment and recommendations on proposed revision to Medicare and Medicaid standards and regulations for skilled nursing facilities and intermediate care facilities.
- Directed the Committee on Legislation to initiate drafting of bills to add a registered nurse to the North Carolina Drug Authority and to add nurses to professions covered by the Professional Corporations Act.
- Approved nomination of Ruth Easterling of Charlotte, member of N. C. House of Representatives and Katherine H. Holoman, executive director of the N. C. Conference for Social Service, as public representatives on the North Carolina PSRO Council.
- Selected a recipient for the 1978 Board of Directors Outstanding Service Award, to be presented at the 1978 convention.
- Acknowledged with appreciation the gift of a portrait of Martha Adams, a past president of NCNA.
- Suggested appointments to fill current commission and committee vacancies.
- Selected nominees for appointment by the Governor of a registered nurse to the School Health Education Advisory Committee.
- Authorized the president and executive director to determine funding priorities until the next Board meeting.
- Heard a report on a program to provide hemodialysis in the home and expressed concern about the Attorney General's opinion regarding "mechanical acts" in relation to nursing practice.
- Scheduled a Board retreat for September 8-10 for indepth discussion of major issues and projects and scheduled the next regular meeting for 9:30 AM on October 13 in headquarters.

19 districts contribute to ANA delegate fund

Nineteen district associations contributed to the 1978 ANA Delegate Fund which provided financial support to NCNA's official delegates to the ANA convention in Hawaii.

A few districts chose to support individual delegates from their own areas, rather than participate in the NCNA Fund. One individual, Betty Erlandson, contributed to the Fund on honararium she had received for presenting a program to a district association.

The nineteen districts contributed a total of $2,842.92. NCNA salutes these districts for their support of our Association representatives to the ANA convention. They are Districts One, Two, Three, Six, Seven, Eight, Nine, Ten, Eleven, Twelve, Thirteen, Twenty, Twenty-Three, Twenty-Five, Twenty-Nine, Thirty, Thirty-One, Thirty-Two, and Thirty-Three.

NCNA supports open meetings for state licensing boards

NCNA has recommended to the State Open Meetings Study Commission that occupational and professional licensing boards come under the state open-meeting law. The testimony was given by President Gene Tranbarger at a Study Committee hearing in July.

The Commission was ordered by the 1977 General Assembly to do a complete study of the open-meetings law and recommend changes. Some changes already recommended were passed at the 1978 session. Further changes will be recommended to the 1979 session.

The present open-meetings law continues to exempt from coverage occupational and professional licensing boards.

President Tranbarger testified that it is the view of NCNA that boards created by legislative action should be considered for inclusion under open-meeting legislation. "Both the users of the services and the providers that are governed by the actions of these boards have a key interest in the functions and actions of the boards," he said.

He cited the need for public and professional scrutiny of the actions of licensing boards and the individuals appointed to serve on these boards. He stated: "Actions taken by boards are of vital concern to those affected if professions are to be accountable for delivering a quality service to the citizens of North Carolina."

NCNA's recommendation that licensing boards come under the open-meeting law resulted from action of the Board of Directors at its July 14 meeting. The Board took the position that observer privileges at meetings of licensing boards should be guaranteed by law to any interested citizen. This would protect the right of registered nurses, for instance, to monitor not only the Board of Nursing but other licensing boards whose actions may impinge on nursing.

The AFL-CIO has brought together 1.5 million professional and white collar workers in 26 affiliated unions. Elected president was American Federation of Teachers president, Al Shanker.

The union says that the newly composed membership includes a wide variety of professionals, "teachers, professors, actors, musicians, engineers, nurses, pharmacists, journalists, and other workers."

CONVENTION...

(continued from page 1)

also appearing in the July-August issue: The additional cost for a third person in a room is $18.00 (includes breakfast and dinner), not $12.00.

Also please note that you can save money by pre-registering for the convention.

Statement on Financial Responsibility for Continuing Education for Nurses

Since 1903, the profession of nursing has supported mandatory licensure for its practitioners. However, licensure only means that the individual at a given point of time has attained a minimal level of competence. Any profession is accountable to the public it serves for the continuing competence of its practitioners. The profession of nursing expresses this responsibility in Statement 5 of the ANA Code for Nurses:

"THE NURSE MAINTAINS COMPETENCE IN NURSING...

...the noture of nursing is such that inadequate or incompetent practice may jeopardize the client. Therefore, it is the personal responsibility and must be the personal commitment of each individual nurse to maintain competence in practice throughout o professional career. This represents one way in which the nurse fulfills accountability to clients... The nurse ... should be aware of the need for continuous updating and expansion of the body of knowledge on which practice is based and should keep knowledge and skills current. The nurse should assess personal learning needs, should be active in finding appropriate resources, and should be skilled in self-directed leorning. Such continuing education is the key to maintenance of individual competence...."

The five percent of registered nurses in North Carolina who are independent practitioners (primarily private duty nures) have always borne the cost of their own continuing education, including loss of pay for days spent in continuing education activities. It must be recognized, however, that 95 percent of registered nurses in the state are employees and that employer staffing and scheduling practices, availability of release time, and the employer's value system impact on the ability of the nurse as an employee to meet desired achievements in continuing education.

The employer of nurses is accountable for delivery of high quality health care to the public served, and this responsibility mandates that employers share in the financial responsibility for the continuing competence of all who have a role in delivering that care. It is appropriate for the employer to bear the cost of those continuing education experiences which contribute to improving the on-the-job performance of nurses and to the quality of service rendered by the agency or institution; to provide equitable distribution of continuing education opportunities among all levels of employees; to maintain staffing and scheduling flexibility permitting participation in continuing education experiences by nurses at all levels.

It is appropriate for the nurse to bear the cost of educational experiences relating to overall professional and personal development. The nurse should assess his/her own personal learning needs and plan for and actively seek learning opportunities to meet these needs. A climate conducive to achieving individual continuing education needs should be a condition of employment required by every nurse.

Maintaining competence through continued learning for all registered nurses in the state can best be achieved in a cooperative relationship between nurses and their employers, with each sharing appropriate financial responsibility. Ultimately, however, the professional nurse is accountable to the patient for the nursing care given and must assume the responsibility, with or without employer assistance, for the learning experiences necessary for the patient's optimum well-being.

(Adopted by NCNA Board of Directors July 14, 1978)

Workshop on cardiovascular problems scheduled for September, October

A two-part workshop on "Cardiovascular Problems and the Nurse's Role" will be held in NCNA headquarters September 27-28 (Part I) and October 11-12 (Part II).

The workshop is an expanded version of the July 10-11 workshop on "Electrocardiography for Nurses". Nurses who attended the July workshop can enroll for Port II, which deols in depth with arrhythmia recognition; treatment of arrhythmias through pacemakers, countershock, and drugs; axis determination; and hemodynamic monitoring.

Nancy M. Anderson, R.N., C.C.R.N., will serve as faculty. The program has been approved for 22 CERPS: 10 for Part I, two for a homework assignment to be completed between the September and October sessions, and 10 for Part II. Registration is limited to 48.

The two-part offering is designed to increase the nurse's ability to assess clinically the patient with cardiovascular problems and to translate the newly acquired knowledge into terms of improved patient care.

A workshop on Interpretation of 12-Lead ECGs is planned for November 8-9, 1978, at NCNA headquarters. The September and October sessions will be excellent preparation for the November workshop. Nurses interested in attending should send their names in to NCNA immediately to be placed on the moiling list for further details.

REGISTRATION FORM
Cardiovascular Problems And The Nurse's Role

Name_____ Social Security No._____

Address _____

Employing Agency_____

Fee Enclosed:

Part I and Part II		Part I or Part II (check which is applicable)	
( ) NCNA Member	$30.00	( ) NCNA Member	$20.00
( ) Non-Member	$60.00	( ) Non-Member	$40.00

(No refunds after September 22. A $5 administrative fee deducted on cancellations prior to September 22.)

Make checks payable to:
North Carolina Nurses Association
P. O. Box 12025, Raleigh, N. C. 27605

CERP fees increase effective October 1

Increases in CERP fees will become effective October 1, 1978.

A standard fee of $10 will be charged for each offering submitted for approval. This does not apply to district associotions nor to NCNA structural units.

A fee of $5 will be charged for review of an application for individual credit.

The fee increases are necessary to more nearly cover the cost of the offering review process. A major cost is postage, which has increased significantly, for mailing the packets of programs to be reviewed to the various CERP committee members and the return of the applications to NCNA headquarters.

Membership Corner . . .

The downword trend in monthly membership totals for NCNA may be reversing itself. Membership as of July 31 was 3,124, compored with 3,122 a month earlier. Not sensotionol—but ot least this is the first month in some time that a membership loss is not reflected. Credit must go to the Membership Committee which has worked very hard since early Spring, ond to individuals and districts who have recruited actively.

During July, 44 dropped membership and 48 new members joined. Eleven members transferred in; 12 transferred out. There wos one death. Below are district totals for the end of July, compared with the end of June. If your district is not showing on increase in membership—in response to the NCNA Board's call for recruitment as our top priority—find out **why**. Maybe **your** interest and leadership is needed to get the membership recruitment effort going in your district.

District	June	July
1	186	184
2	81	79
3	262	261
4	59	59
5	229	225
6	57	60
7	31	31
8	174	180
9	71	72
10	37	36
11	400	399
12	108	107
13	239	236
14	239	246
15	42	42
16	12	12
17	21	20
18	98	96
19	37	37
20	84	85
21	57	58
22	79	80
23	39	38
24	18	18
25	21	20
26	47	48
27	31	30
28	38	37
29	74	75
30	115	117
31	29	28
32	48	47
33	59	61

Payroll deduction plan works for this hospital

Would you like to spread out paying your ANA/NCNA dues in 26 poyments per year? Do you think more nurses would join if they could pay their dues at less than $3.00 every two weeks, or o little over $6.00 per manth?

One way of making it easier for nurses to pay their professional association dues—and thereby increasing membership—is being utilized ot a small community hospital in North Corolina.

Several registered nurses wanted to join ANA/NCNA but dreoded the $74 all-at-one-time dues payment. They learned from NCNA that poyroll deduction is possible in any haspital where the RNs want this pay mechanism and where the hospital business office is willing to withhold the appropriate amount from each member's poycheck each poy period.

At first six nurses asked for payroll deduction of ANA/NCNA dues. Their pay period is every two weeks—26 pay period each year. The hospital withholds $2.85 from eoch member's bi-weekly paycheck and forwards to NCNA the hospital's check for the total amount withheld each pay period. NCNA, in turn, remits to ANA ond to the district the appropriote shore of dues received.

Within a few short weeks after this agreement was made between the members, NCNA, and the hospital business office, three new members were added to the list.

The payroll deduction option hos been possible for some time. All it takes is willingness of the hsopital business office to withhold dues as o service to its employees. A simple agreement is drown up between the hospital and NCNA outlining the service. ANA issues such members on payroll deductian a membership cord for a full year's membership, even though ANA dues are received from NCNA in installments.

If you and colleagues where you work ore interested in the mechanism for paying ANA/NCNA dues, why not ask yaur employer for this service? NCNA and ANA will cooperate fully. It may be the best membership recruitment tool you could hove!

PRIMARY CARE...
(continued from page 1)

nor Hunt and DHR Secretary Dr. Sarah Morrow strongly urging the inclusion of the viewpoint of professional nursing.

President Tranbarger's letter to Governor Hunt stated: "Since nursing is the largest component in primary care as implemented by the Department of Human Resources, this Association urges that the nursing profession be given the opportunity for strong input into the Task Force by the appointment of qualified nurses to the Task Farce membership . . . Registered nurses have more continuing sources of information about the needs of patients ond other care recipients, and abaut the responses to core ond treotment, than daes any other group of health professionals. We strongly urge appropriote nurse representation on the Task Farce to Study Primary Core."

Nurses recommended by NCNA are Estelle Fulp, chief nurse, Office of Nursing, Local Heolth Services, Division of Health Services; Olga Hoskins, public health nursing director, Caldwell County Health Department; Lottie Daw, public health nursing supervisor, Craven County Heolth Department; Dare Harrison, director of nursing, Watauga County Hospital, Baane; Lois Isler, family nurse practitioner, Guilford County Health Department.

What other professionals pay in membership dues

A frequent question ot recent membership recruitment workshops has been, "How do ANA/NCNA dues compare with dues of other professional orgonizotions in North Corolina?"

Carol Koontz (staff) researched the question. She found a variety of orrangements in relation to levels of membership required. Following is what Carol learned about membership ond annuol dues:

N.C. Architects: Individual nationol dues, $100; individual stote dues, $50; firm membership ovailable.

N.C. 8ar Association: Tri-level membership not mondatory. Stote membership $10/yeor first five years; $35-$50/year thereafter. (4,900 are members out of 6,100 eligible.)

N.C. Dental Hygienist: Tri-level membership required, dues overage $82 (sub-state level dues vary).

N.C. Association of Social Workers: Only one level membership available; regular, $90; ossociate, $72; retired or unemployed, $27; student, $25.

N.C. Association af Educotors: Tri-level required, $80 (includes liobility insurance); membership of 51,000 is obout 85% of those eligible.

N.C. Medical Society: Member must belong to state to belong to notional. AMA, $250; NCMS, $165/year first 5 years ($25/yeor goes to building fund), $140 thereafter. Local level (generally optionol) varies $5 - $150. Current NCMS membership 5,143, about 69% of those eligible.

Professional Engineers of N.C.: Tri-level required, $75/yeor.

N.C. Association of Accountants: State $60; notional $60; local averoge $5.

Let's dream! If NCNA had 60% membership of currently licensed RNs residing in N.C., we would be 12,500 strong. We would hove finonciol resources of $375,000 (an average of $30 for various dues categories) to effect impravements in nursing practice, influence health care decisions, influence legislation, improve communicotions with nurses, influence planning and opportunities for oll facets of nursing education.

NCNA files comment on standards for SNFs, ICFs

NCNA has filed written comment and recommendations with HEW's Division of Long Term Core concerning proposed revision of stondards and regulations for skilled nursing focilities and intermediote core focilities participating in Medicore ond Medicoid progroms.

The HEW Heolth Care Finoncing Administrotion hos held heorings ocross the country to hear testimony regarding the revisions ond received written testimony up to 30 doys following the heorings.

The NCNA testimony wos prepored by on Ad Hoc Committee campased of Mortho Hendersan, Chopel Hill; Jonet Brown, Chorlotte; Lindo Gipson, Chapel Hill; Corole Clork ond Lib Stomper, bath of Greensboro. All have speciol expertise ond experience in long term core. Mojor comments ond recommendotions were:

- Bosic stondords of core should be the same for both SNFs ond ICFs. Differentiation should be between the need for nursing core ond the need for protected, supervised living environment.

- The Ad Hoc Committee ogrees with proposed minimum quolificotions for professionol personnel ond further proposes thot oll nursing ossistants/aides (male ond femole) be required to hove o minimum of 80 hours of a state-opproved course of instruction in the care of chronicolly ill potients.

- Medicotions should be odministered **only** by state licensed personnel.

- The requirement of Medical Directar should be eliminoted or more cleorly defined, since this position is costly ond ineffective ond is not improving patient care.

- Current regulations regarding physician visits ore being violoted ond ore ineffective. Reimbursement should be withheld from the physicion for failure ta meet potient visit requirements. The Ad Hoc Committee recommends physicion visits every 30 days far the first three months and thereofter os need is determined by the professionol nurse ond the potient.

- The Ad Hoc Committee strongly recommends oppropriote use of nurse proctitioners with gerontological experience ond/or training to fill the void in heolth core of patients in SNFs ond ICGs ond third-party reimbursement for such nurse proctitioner services.

- Use of nursing stoff manpower pools should be permitted anly if: 1) there is on emergency; 2) the ratia of permanent staff is olwoys greater thon temporory staff from monpower pools; ond 3) monpawer poal workers ore not replocements for professionol stoff.

Announcing

Special NCNA Membership Enrollment Period
October 1 — December 31, 1978

FREE!

Choice af one year's subscriptian ta AMERICAN JOURNAL OF NURSING ar copy af HISTORY OF NURSING IN NORTH CAROLINA, (special 75th Anniversary reprint) and "Highlights af Nursing in Narth Caralina, 1935 - 1976".

WHO IS ELIGIBLE

—A registered nurse wha jains NCNA during the Special Enrallment Periad as annual full-pay member and who has not been a member during the past 12 manths.

—A member wha recruits five new members during the Special Enrollment Periad. Recruits can be any eligible registered nurse not a current member who pays at annual full-pay rate.

Yes — each new member and the recruiter wha signs up five new members during the Special Enrallment Period will receive the free subscription or free HISTORY.
Current AJN subscribers can use their free subscription as a one-year renewal.

Use the form below to sign up os o recruiter and win yaur ane-year subscription to the AMERICAN JOURNAL OF NURSING. Complete the form ond return it to NCNA headquorters. We will send you membership opplicotion forms, recruitment materials, and instructions for volidating the memberships you recruit. Do it right owoy! The memberships must be recruited befare December 31, 1978. Remember, your recruits (full-pay members) will olso receive the subscriptian or gift book.

Sign me up as a membership recruiter!

Name _____

Address _____
(Street) (Town) (Zip)

District_____ **My Chaice:** ____AJN Subscriptian
____AJN renewal (enclase label)
____HISTORY OF NURSING IN N. C.

For Office Use Only

Recruit Name	Date Received

Public health nurses wage campaign to upgrade salaries, classifications

by Olgo Hoskins

In 1974 public health nurses requested the Office of Stote Personnel to study reclossification ond salory upgroding of positions in the public heolth nursing series. The public heolth nursing series describes the responsibilities of the oide, L.P.N., R.N. in public health. It is the vehicle which also determines salory levels.

The most recent study which determines present salory levels was conducted in 1962 and implemented in 1963. During this period mony progroms were odded to heolth deportment services. Much knowledge ond expertise in o variety of oreos is needed to function in the 34 programs now ovoiloble in most counties.

Public heolth nursing is unique ond definitely o specioity. It provides skilled nursing care in o voriety of settings: homes, schools, ond clinics. The solitory nature of the practice demonds thot the nurse rely on her own nursing skill ond judgement. Heolth delivery systems in the future con be expected to require thot public health nurses occept more responsibilities in these oreas.

Recently the Office of Stote Personnel completed o new study of the public health nursing series. Each person in the series wos requested to write her/his job description. In addition, members of the stoff of the Stote Personnel Office visited the heolth deportment ond interviewed different nursing stoff personnel. Information from both sources was compiled ond job specifications were written. They become effective Moy 1, 1978. Representotives of public health nursing participated in the formation of the specifications and believe that roles and responsibilities have been accurately defined.

The Office of State Personnel recommended a salary increase in some levels of 5%. Based on roles, responsibilities, education, experience, and legal jeopardy, the public health nurses totally disagree with this recommendation and are proposing grade increases throughout the series.

The nurses have united in an effort to voice their disagreement in the proper chonnels. Representatives of public health nurses and others interested in their efforts have apeared before the North Carolina State Personnel Commission.

The Office af State Personnel has consented to conduct another salary study to begin October 1978 to be available for lacal health departments by January 1979. The previous study was done by comparing the salaries of public health nurses at the entry level in the surrounding seven states. Studies conducted in 19777 by both NLN and HEW demonstrated that these seven states and Narth Carolina pay the lowest solories to nurses of ony areo in the notion. Nurses are requesting that the new study not be restricted to these lowest soloried stotes.

North Caralino is a notionol leoder in public health educotion os well os in the proctice of public heolth through the locol deportments. North Corolino should set oside ontiquated ideas thot nursing is a humanitorian endeovor ond should come forth with solories commensurate with responsibilities.

During the short session of General Assembly in Moy, Representotive Beo Holt, Alamance County ond Representotive W. Cosper Holroyd, Woke County, cosponsored o bill to provide monies through the Deportment of Human Resources to local health deportments to upgrade public heolth nurses salaries. The bill wos defeoted, but o bottle was won in that nurses spoke out and secured enough support to hove a bill presented.

Presently representotives of public heolth nursing ore trying to gother doto in the desire to hove some input into the upcoming solory study in October.

Public health nurses in North Corolino ore the first to ask for equol poy for equol work, but others will follow. Mony states ore now engaged in similor struggles, ond others will joint the fight. This is on issue which must be addressed by oll nurses ond oll employers of nurses. To poraphrase the Director of Office of Stote Personnel, this is o societol concern, and nurses must change society by proving their volue.

DUKE UNIVERSITY HOSPITAL

Growing To Serve

Plan to visit the exhibit at the annual convention of NCNA to learn about employment opportunities in

DUKE NORTH AND DUKE SOUTH.

Those unable to attend may write or call for further information:

Isabelle Webb, R.N.
Staffing Director
Nursing Services
Duke University Hospital
Box 3714
Durham, North Carolina
27701
(919) 684-6339
EOE/AA Employer

NCNA Board supports P.H. nurse efforts

The NCNA Boord of Directors is directing letters of support for the efforts of public heolth nurses in the state to improve their job clossificotions ond solories to key individuols in the Deportment of Humon Resources, members of the Stote Personnel Commission, officiols in the State Personnel Deportment, ond to members of the Generol Assembly who ore knowledgeable about public heolth nurses' economic stotus.

The Boord's oction followed a report at the Boord's July meeting of the efforts described in the occomponying orticle on this poge and a recommendation from the Commission on Member Services thot such support be expressed.

FNP reimbursement goes smoothly in N.C.

Medicoid reimbursement for rurol heolth clinic services provided by nurse proctitioners ond physicions ossistonts began on July 1. Medicore reimbursement began Morch 1. A recent informal check with the North Carolino Office of Rural Heolth Services indicotes that no special difficulties ore being experienced in getting reimbursement for the services performed by nurse proctitioners.

We heor thot some stotes are experiencing major difficulties in getting such reimbursement for nurse proctitioner services becouse of challenges from the medical community.

The reimbursement legislation, P.L. 95-210, was passed by congress with the strong support of ANA. It was opposed by the American Medical Association.

ANA solicits names for talent bank

The ANA Talent Bank is used as a resource for appointments made by the ANA Board of Directors, the commissions, and the divisions on practice. It is also used in identifying qualified individuals to testify before Congressional committees, to serve as ANA representatives on government committees, and to represent ANA with other organizations.

Both ANA and NCNA ore always on the lookout for members with special expertise.

NCNA is presently compiling information on members to be submitted for ANA's Talent Bank and has on hand Talent Inventory Forms. If you have special expertise or interest in the above listed opportunities to serve the profession, contact NCNA headquarters for a copy of the Talent Inventory Form.

QUESTIONNAIRE

A major concern of NCNA is the need to increase the political clout of the professional organization and its financial resources to speak for nurses. The Board of Directors throughout this year has maintained membership promotion as its top priority and has authorized a variety of recruitment approaches. The Board, through an Ad Hoc Committee, needs the views of members about a major concern--the viability of the present structure, particularly the structure on the local level, in meeting the needs of members.

Please complete this questionnaire to assist the Board of Directors in exploring new approaches to organizational structure as an essential element in meeting the professional needs of registered nurses in this state.

1. Do you participate in activities of your district? ___yes ___no

2. How frequently do you participate in district activities? ___seldom ___occasionally ___frequently

3. Do you participate in state association activities more frequently than in the district? ___yes ___no

4. Have district activities benefited you as a professional? ___yes ___no

5. What factors hinder your participation in district activities?

   In state association activities?

6. What services and programs do you desire from your district association?

7. What structural arrangement would best meet the needs of NCNA members? Rank order the following:

   ____The present structure of district, state, and national levels (with larger percentage of financial resources distributed to state and national levels.)

   ____A tri-level structure of district, state, and national levels, with larger percentage of financial resources distributed to district and state levels.

   ____A federation at national level (whose members would be state associations) with state and district associations as now structured.

   ____New structural arrangements for the local (district) level, such as regional groups of districts for specific activities, or regions instead of districts, or special interests groups instead of districts.

   ____Other suggestions for structural change: (please describe)

8. Do you think NCNA membership would increase with a bi-level option (joining SNA/DNA only)? ___yes ___no

Thank you for responding!

Two-day NCNA workshop in November to offer training in leadership skills

A two-day workshop on Leadership will be conducted by NCNA November 13-14 at the Ramada Inn South in Raleigh. The workshop leader will be Anthony K. Jackson, president of A. K. Jackson & Associates, who has wide experience in management training for hospital personnel.

Purpose of the workshop is to provide opportunity for nurses at all levels of management to explore theories and develop skills in supervision, communication, and motivation in the day-to-day work experience. Objectives are to identify the participant's own style of leadership, identify communication barriers, discuss factors influencing behavior and motivation, and explore the decision-making process.

Registration fees are $50 for the two days for NCNA members, and $100 for nonmembers. Fees include lunches and coffee breaks on both days. Flyers containing more detailed information and registration form will be distributed throughout the state and may be requested from NCNA headquarters. Application has been made for CERP approval.

Judge rules PA orders require prior approval

A county Superior Court judge in Seattle, Wash., has ruled that the State Board of Medical Examiners had exceeded its authority in promulgating rules and regulations permitting physicians' assistants to issue medical orders for immediate execution without prior approval of licensed physicians.

The Washington State Nurses Assaciation brought the suit to determine the legality after the state's attorney general held that the rules and regulations promulgated by the State Board of Medical Examiners do make it legal for a registered nurse to follow the PA's medical orders without prior written approval of the sponsoring physician. WSNA's attorney had advised that the Board of Medical Examiners had exceeded its authority, leaving the RN in legal jeopardy.

Legal determinatian of the same question took a different turn in North Carolina. When North Carolina's attorney general ruled that RNs and LPNs could not legally carry out such orders by PAs, legislation was introduced and passed in the 1977 General Assembly (HB 1216) permitting both PAs and Nurse Practitioners to give medical orders to RNs and LPNs without prior written physician approval. This statute was replaced by a bill passed during the 1978 General Assembly.

CONFERENCE GROUP MEETING

The Psychiatric-Mental Health Advanced Nurse Practitioner Conference Group will meet an September 23, 1978, 10 a.m. - 12 noon, in the Lounge of Duke University School of Nursing, Durham.

Joint Practice Commission plans national conference

The Third National Conference on Joint Practice, with the theme "Implementing Joint Practice Concepts", will be held November 9-11, 1978, in Dallas, Texas. The meeting is sponsored by the National Joint Practice Commission and co-sponsored by ANA and AMA, whose presidents are invited to open the meeting.

Highlights will be progress reports on the four NJPC demonstration hospitals, discussion of better ways to prepare nurses and physicians for practicing collaboratively, and workshops on many of the latest issues between medicine and nursing.

The thrust of NJPC's hospital demonstration project is the development of joint practice in hospitals. Four demonstration sites have been chosen, with each site involving additional hospitals in the area as observer-consultants. Elements of the project are: Introduce primary nursing, encourage nurses' clinical decision making, integrate the patient record, conduct joint patient care record review, establish a joint practice committee in the hospital.

Save money by pre-registering for 1978 NCNA convention October 25-27, 1978, Asheville. Forms available from NCNA.

Charlotte nurse is leader in lupus education

Sybil Morgan

Sybil C. Morgan, assistant professor of nursing at UNC-Charlotte, in July attended the National Council of Representatives to the National Lupus Foundation of America, held in Hartford, Conn., and was the only black among the 150 delegates from the U.S. and Canada. She was appointed to the National Committee on Patient Education and Public Awareness.

Sybil has been active in health education regarding lupus. Currently secretary of the Charlotte-Mecklenburg Chapter, during the next year she will coordinate lupus chapters in 25 western North Carolina counties. Lupus strikes mostly females between the ages of 19 and 30, and Sybil believes that there are more blacks with lupus than are being diagnosed and treated.

September 17-23 has been declared as National Lupus Awareness Week. Local Lupus Foundation chapters are listed in the phone directory. Sybil may be contacted in Charlotte at 1109 Plumstead Road.

Faculty positions available in Maternal and Child Health and Medical-Surgical Nursing. Master's Degree required. Private liberal arts, coeducational, senior college, approximately 1600 students. NLN accredited baccalaureate degree program with 250 majors. Contact:

Dr. Sue Hunter
Nursing Education Department
Atlantic Christian College 27893

Affirmative Action, Equal Opportunity Employer.

Nurse Faculty for Continuing Education

Fulltime position in Area Health Education Center in the mountains of Western North Carolina. This is an exciting opportunity to callaborate with faculties of two university schools of nursing in planning, implementing, and evaluation of continuing education activities for nurses in a sixteen-county area. Masters degree and experience in practice and teaching required. Adjunct faculty appointment may be offered. A unique challenge and a chance to make a difference for nursing as a member of an interdisciplinary teaching team.

MAHEC is an Equal Opportunity Employer. Send C. V. to Associate Director for Nursing, Mountain Area Health Educatian Center, 501 Biltmare Avenue, Asheville, North Carolina 28801.

News briefs . . .

● Abstracts are being solicited for presentation at Chautauqua '79, national continuing education symposium for registered nurses sponsored by the Colorado Nurses' Association. Chautauqua '79 will be held August 4-11 in Vail, Colorado. Deadline for applications is September 15 and may be obtained from CNA, 5453 E. Evans Place, Denver, Co. 80222.

● A new ANA publication is "Statement on Flexible Patterns of Nursing Education", available at $1.50, Code NE-3.

● The Department of Maternal and Child Health, School of Public Health, UNC-CH, is now considering applications for admission to masters and doctoral programs beginning Fall 1979. Masters' programs are usually for 11½ months; doctoral programs are arranged individually. The teaching program prepares physicians, nurses, social workers, and others for a wide range of career opportunities. Federally sponsored traineeships usually are available to qualified students. These awards include monthly stipend and payment of tuition and fees. For information write to: Department of Maternal and Child Health, Rosenau Hall, University of North Carolina, Chapel Hill 27514

● ANA's divisions on nursing practice will conduct Scientific Sessions November 9-11, 1979 in Nashville, Tenn.

● Legislation passed recently in Maryland requires every health insurer to offer the option of providing benefits for expenses from "care, treatment or services rendered by a nurse midwife". The insurance company, as a condition for payment, can NOT require that the nurse midwife be under the supervision, orders, or employ of a physician. The bill also authorizes Medicaid to contract with nurse midwives for the provision of care for eligible persons.

● The 30th Scientific Sessions of the North Carolina Heart Association will be held in Winston-Salem at the Benton Convention Center and Hyatt House Hotel on May 23-24, 1979. Special sessions for nurses will be held concurrently.

● A series of continuing education workshops and courses to update registered nurses' knowledge and skills in mental health will be offered again this year by East Carolina University School of Nursing. Stipends of $25/diem will be paid to all who complete the workshops and travel for those making a round trip of over 100 miles. Workshop I, Basic Concepts of Mental Health, will be held October 6, 12, 13; Workshop II, The Comprehensive Mental Health Assessment, October 27 and November 3; Workshop III, Application of Concepts to Interpersonal Relations, November 16 and 17; Workshop IV, Application of Concepts to Families in Stress (for those who have completed the basic series), September 15 and 22 (will be repeated in January). Sites of workshops in Eastern N.C. will vary. For information write to Michele Zimmerman, Project Director, ECU School of Nursing.

● The National Society for Prevention of Blindness has produced a comprehensive guide ($5.00) to enable community groups to undertake glaucoma education and detection projects. Write to National Society for Prevention of Blindness, 79 Madison Avenue, New York, N.Y. 10016.

● A multi-disciplinary working conference on services for infants, children, and families will be held November 28-29 at the Royal Villa, Raleigh, sponsored by the N.C. Department of Human Resources and the Department of Maternal and Child Health, UNC-CH School of Public Health. A concurrent information fair is planned. For information contact Brenda Harris, Office of Continuing Education, School of Public Health, UNC-CH, Chapel Hill 27514.

● The following new publications are available from ANA: "Perspectives on the Code for Nurses", G-132, $2.00; "Standards for Nursing Care in Summer Camps", MCH-8, $1.00.

● **Maternal and Child Health Statistics for North Carolina, 1976, Vols. I and II,** published by the Division of Health Services, N.C. Department of Human Resources, are available in the NCNA library.

● Several new publications are available from ANA: "Guidelines for appointment of Nurses for Individual Practice Privileges in Health Care Organizations", NS-21, $1.00, "Critical Requirements for Safe/Effective Nursing Practice", B-41, $3.00; "Primary Care in a Pluralistic Society: Impediments to Health Care Delivery", G-133, $3.00.

● UNC-CH School of Nursing has been approved as a provider of continuing education by ANA's Southeastern Regional Accrediting Committee for four years ending March 1982, the first C.E. program in the state to be ANA accredited.

● The annual meeting of the North Carolina Family Life Council will be held September 22-23 in Winston-Salem, Theme is "Individual and Family Health; Coexistence and Conflict."

● ANAD (Anorexia Nervosa and associated disorders is a new organization promoting early detection of this illness and providing education and support for its members. The disease is a dangerous eating disorder leading to life long problems or even death. Nurses are urged to refer parents of teenagers (most common victims) to ANAD, Suite 2020, 550 Frontage Rd. Northfield, Ill, 60093.

● The National Black Nurses Association will hold its 6th national institute and conferences October 12-14 in Chicago, Theme is "Power, Politics and Change: Strategies To Increase the Effectiveness of the Nurse."

● HEW has broadened its student eligibility rules for nurse practitioner training in programs supported by certain Department grants. The change permits unlicensed nurses to enroll as students in nurse practitioner training programs supported under section 822 of the Public Health Service Act. However, they can enroll only in programs leading to a graduate degree in nursing and only if they will be licensed at or prior to graduation. The programs formerly were limited to registered nurses.

Portrait of Martha Adams, past president, donated for NCNA headquarters building

Martha Adams

A portrait of Martha Adams, who served as president of NCNA in 1958-59, has been donated to NCNA headquarters by her friends and colleagues as one of the honors she received in June upon retirement as director of nursing education at Caborrus Memorial School of Nursing.

The portrait is a duplicate of the one presented to Caborrus School of Nursing. Ms. Adams also received a book of letters from friends and colleagues expressing tribute for her contributions to nursing and nursing education.

BESSIE M. CHAPMAN

Bessie M. Chapman, one of the pioneer nurses in strengthening standards for nursing education in North Carolina, died on June 2, 1978, in Onancock, Va. She had lived at the Hermitage there since 1967.

Miss Chapman joined the staff of the North Carolina Board of Nurse Examiners in 1929 and served as its president from 1930 to 1935, when she became secretary-treasurer and educational director. She retired from that position in 1946.

PROPOSED AMENDMENTS TO NCNA BYLAWS

Present Bylaws	Proposed Amendments	Rationale
ARTICLE II. MEMBERSHIP AND DUES	ARTICLE II. MEMBERSHIP AND DUES	
Section 5.a. Dues for NCNA shall be established by its House of Delegates. Membership rights shall be forfeited upon failure to pay dues as required by current policy.	Section 5.a. Dues for NCNA and the constituent district associations shall be established by the House of Delegates. Membership rights shall be forfeited upon failure to pay dues as required by current policy.	Council of District Presidents has recommended standard district dues at $5.00 to facilitate membership recruitment and eliminate a complexity of district dues structure that is costly and confusing.
b. The annual dues for a member of NCNA shall be thirty-five dollars for the membership year of twelve consecutive months. NCNA dues shall be paid in addition to and at the same time as the dues for ANA and the constituent association of NCNA.	b. The annual dues for a member of NCNA shall be forty dollars, five dollars of which is district dues, for the membership year of twelve consecutive months. Dues for NCNA and the district association shall be paid in addition to and at the same time as the dues for ANA.	
ARTICLE III. CONSTITUENT DISTRICT ASSOCIATIONS	ARTICLE III. CONSTITUENT DISTRICT ASSOCIATIONS	
Section 1. District nurses associations which have been or which hereafter may be organized, whose constitutions and bylaws are in harmony with the bylaws of this association and have been approved by a majority vote of the Board of Directors of this association shall be recognized as constituent district associations of the North Carolina Nurses Association.	Section 1. District nurses associations which have been or which hereafter may be organized, whose ~~constitutions and~~ bylaws are in harmony with the bylaws of this association and have been approved by a majority vote of the Board of Directors of this association shall be recognized as constituent district associations of the North Carolina Nurses Association.	Editorial. Districts have no constitutions.
ARTICLE IV. HOUSE OF DELEGATES	ARTICLE IV. HOUSE OF DELEGATES	
Section 2.b. Delegate representation shall be computed on the basis of membership in the district nurses association on December 31 preceding an odd-year convention or special meeting of this association as evidenced according to provisions of ARTICLE II. Section 1.	Section 2.b. Delegate representation shall be computed on the basis of membership in the district nurses association on December 31 preceding an odd-year convention ~~or special meeting~~ of this association as evidenced according to provisions of ARTICLE II. Section 1.	Removes a conflict with Section 2.a.
Section 3.a. No later than February 1 preceding the odd-year convention nor 15 days preceding a special meeting, the secretary of this association shall notify each constituent district association of the number of delegates to which it is entitled.	Section 3.a. No later than February 1 preceding the odd-year convention ~~nor 15 days preceding a special meeting~~, the secretary of this association shall notify each constituent district association of the number of delegates to which it is entitled.	Removes a conflict with Section 2.a.
b. The secretary of each district nurses association shall send a list of all accredited delegates and alternates from that association to the secretary of NCNA no later than June 1 preceding a regular convention or seven days before a special meeting of this association.	b. The secretary of each district nurses association shall send a list of all accredited delegates and alternates from that association to the secretary of NCNA no later than June 1 preceding a regular convention or seven days before a special meeting of this association if change in the delegate list has occurred.	Provides mechanism for updating district delegate list during the two-year term.
c. If all of the accredited delegates from a district nurses association are not in attendance at a convention or special meeting, alternates shall fill the vacancies. Alternates shall become delegates in the order	c. If all of the accredited delegates from a district nurses association are not in attendance at a convention or special meeting, alternates shall fill the vacancies. Alternates shall become delegates in the order of votes received in the election, beginning with	Current practice.

Present Bylaws	Proposed Amendments	Rationale
of votes received in the election, beginning with the alternate who received the highest number of votes.	the alternate who received the highest number of votes. In the event a vacancy cannot be filled by an elected alternate, the president or designated officer of the district may appoint a member present to fill the vacancy.	
ARTICLE V. OFFICERS AND BOARD OF DIRECTORS	ARTICLE V. OFFICERS AND BOARD OF DIRECTORS	
Section 4. Duties of officers:	Section 4. Duties of officers:	
d. The vice-president shall assume all duties as assigned by the president and the Board of Directors and, in the absence of the president, shall assume the duties of that office.	d. The vice-president shall serve as chairman of the Membership Committee and shall assume all other duties as assigned by the president and the Board of Directors and, in the absence of the president, shall assume the duties of that office.	Elevates status of membership promotion and provides for closer relationship between Board of Directors and Membership Committee.
e. In the event of a vacancy occurring in the office of president, the vice-president shall serve as president until the adjournment of the next odd-year convention. In the event of a vacancy occurring in the office of president-elect, the vice-president shall serve as president-elect until the adjournment of the next odd-year convention. This shall not be construed to mean that the vice-president shall become president when this term of office is completed.	e. In the event of a vacancy occurring in the office of president, the vice-president shall serve as president until the adjournment of the next odd-year convention.	e. and f. are rearrangements of essentially the same materials for clarity.
f. In the event of a vacancy in the office of president-elect during the first year of that term, the Board of Directors shall call for a special election to be held at the next even-year convention to fill that office.	f. In the event of a vacancy in the office of president-elect during the first year of that term, the Board of Directors shall call for a special election to be held at the next even-year convention to fill that office. In the event of a vacancy occurring during the second year in the office of president-elect, the vice-president shall serve as president-elect until the adjournment of the next odd-year convention. This shall not be contrued to mean that the vice-president shall become president when this term of office is completed.	
ARTICLE VII. COMMISSIONS	ARTICLE VII. COMMISSIONS	
	Section 5. Terms of the chairmen and members of the commissions shall be for two years. No member shall serve more than four consecutive years in the same capacity.	Material placed here appears in each of the four subsequent Articles on Commissions. Provides more logical limitation on terms of office.
	Renumber subsequent sections.	
Section 8. Officers of commissions, in addition to the chairman, shall be a vice-chairman and a secretary, each of whom shall be elected by the commission membership to serve for two years. The vice-chairman shall serve as chairman in the absence of the chairman.	Section 9. Officers of commissions, in addition to the chairman, shall be a vice-chairman and a secretary, each of whom shall be elected by the commission membership to serve for two years. The vice-chairman shall serve as chairman in the absence of the chairman or in the event of a vacancy in the office of chairman.	Provides for filling vacancies in office of chairman of a commission.
ARTICLE VIII. COMMISSION ON PRACTICE	ARTICLE VIII. COMMISSION ON PRACTICE	
Section 2. Terms of the chairman and members of the commission shall be two years. No member shall serve more than six consecutive years.	Delete and renumber subsequent sections.	Provided for in ARTICLE VII.

Present Bylaws	Proposed Amendments	Rationale
ARTICLE IX. COMMISSION ON EDUCATION	ARTICLE IX. COMMISSION ON EDUCATION	
Section 2. Terms of office of the chairman and members of the commission shall be two years. No member shall serve more than six consecutive years.	Delete and renumber subsequent sections.	Provided for in ARTICLE VII.
ARTICLE X. COMMISSION ON HEALTH AFFAIRS	ARTICLE X. COMMISSION ON HEALTH AFFAIRS	
Section 2. Terms of office of the chairman and members of the commission shall be two years. No member shall serve more than six consecutive years.	Delete and renumber subsequent sections.	Provided for in ARTICLE VII.
Section 3. The Commission on Health Affairs shall:	Section 3. The Commission on Health Affairs shall:	
a. Interpret nursing and its concerns as defined by ANA and NCNA to the public, allied health groups, community service groups, and governmental agencies or bodies and maintain communication with appropriate groups.	a. Interpret nursing and its concerns as defined by ANA and NCNA to the public, allied health groups, community service groups, private providers, and governmental agencies and maintain communication with appropriate groups.	More clearly states functions.
b. Work with appropriate allied health groups and governmental agencies on matters of nursing concern in special areas of health and medical care.	b. Delete	Covered in Section 3.a.
	Renumber subsequent subsections	
e. Study changes in health needs and care and work cooperatively with other structural units to develop innovative methods of meeting these changes.	d. Study changes in health needs and delivery of care and work cooperatively with other structural units to develop innovative methods of influencing these changes.	More clearly states function.
Section 5. The Committee on Public Affairs shall consist of at least five persons representative of the various occupational groups of this association and the geographic areas of the state. This committee shall:	Section 5. The Committee on Public Affairs shall consist of at least five persons representative of various nursing practice settings and the geographic areas of the state.	More appropriate representation.
ARTICLE XI. COMMISSION ON MEMBER SERVICES	ARTICLE XI. COMMISSION ON MEMBER SERVICES	
Section 1. The Commission on Member Services shall be composed of eleven members, including the chairman who shall be elected by the House of Delegates. Members of the commission shall include the chairmen of the organized occupational sections and the chairman of the Collective Bargaining Council. The Board of Directors shall appoint the number of additional members needed to bring the total commission membership to eleven, to include representation of those major occupational areas not represented by an organized section.	Section 1. The Commission on Member Services shall be composed of eleven members, including the chairman who shall be elected by the House of Delegates. Members of the Commission shall include the chairmen of the organized occupational sections and a representative designated by the Collective Bargaining Council. The Board of Directors shall appoint the number of additional members needed to bring the total commission membership to eleven, to include representation of those major occupational areas not represented by an organized section.	Permits Council member other than chairman to represent Council on this Commission. Requested by Collective Bargaining Council.
Section 2. Terms of office of the elected chairman and commission members who are chairmen of sections shall be two years. No member shall serve more than six consecutive years.	Delete and renumber subsequent sections.	Provided for in ARTICLE VII.
ARTICLE XII. COLLECTIVE BARGAINING COUNCIL	ARTICLE XII. COLLECTIVE BARGAINING COUNCIL	
Section 2. Membership on the Col-	Section 2. Membership on the Collective	

Present By-Laws	Proposed Amendments	Rationale
lective Bargaining Council shall be limited to members of the association who are covered by the definition of "employee" under federal or state law or executive order relating to collective bargaining. The chairman shall be elected by the Council members in the immediate post odd-year convention period for a two-year term, shall serve as a member of the Commission on Member Services, and shall sit with the Board of Directors as an ex-officio member, without vote, and for the purpose of communication only.	Bargaining Council shall be limited to members of the association who are covered by the definition of "employee" under federal or state law or executive order relating to collective bargaining. The chairman shall be elected by the Council members in the immediate post-odd-year convention period for a two-year term, ~~shall serve as a member of the Commission on Member Services~~, and shall sit with the Board of Directors as an ex-officio member, without vote, and for the purpose of communication only.	
	Section 5. (add) f. Designate a member of the Council to serve on the Commission on Member Services.	
ARTICLE XIII. STANDING COMMITTEES	ARTICLE XIII. STANDING COMMITTEES	
Section 5. The Committee on Convention Program shall consist of no fewer than nine persons. This committee shall:	Section 5. The Committee on Convention Program shall consist of no fewer than five persons. This committee shall:	Minimum number reduced for practicality.
a. Develop the convention focus. b. Formulate the convention program schedule. c. Select topics for the general sessions.	a. Develop the convention focus. b. Select topics for the general sessions and identify program resources. c. Formulate the convention program schedule and coordinate all convention activities.	Functions more clearly stated.
Section 6. The Committee on Finance shall consist of at least three persons including the treasurer of this association, who shall be the chairman of the committee. This committee shall: a. Prepare the annual budget.	Section 6. a. Prepare the annual budget and review and recommend revisions periodically.	Current practice.
Section 7. The Committee on Legislation shall consist of at least five persons representative of the various sections of this association and the geographic areas of the state. This committee shall:	Section 7. The Committee on Legislation shall consist of at least five persons representative of the various interests of this association and the geographic areas of the state.	More appropriate wording.
Section 8. The Committee on Membership shall consist of no fewer than five persons. This committee shall:	Section 8. The Committee on Membership shall consist of no fewer than five persons. The chairman of this committee shall be the vice-president. This committee shall:	Consistent with amendment to ARTICLE V. Section 4.d.
ARTICLE XIV. NOMINATING COMMITTEE, NOMINATIONS, AND ELECTIONS	ARTICLE XIV. NOMINATING COMMITTEE, NOMINATIONS, AND ELECTIONS	
Section 3.b. The president-elect shall be elected to serve for two years as president-elect and two years as president. The candidate for president-elect shall have been an active member of NCNA for at least three years.	Section 3.b. The president-elect shall be elected at each odd-year convention to serve for two years as president-elect and two years as president. The candidate for president-elect shall have been an active member of NCNA for at least three years.	For consistency with Section 3.a.
n. All ballots, credentials of the voting body, and other records of the election shall be preserved for one year after the election.	n. All ballots, credentials of the voting body, and other records of the election shall be preserved until the next odd-year convention.	Current practice.
	Section 4. (new) In the event of a special election at an even-year convention for filling a vacancy in the office of president-elect, the	Provides mechanism for nominating and electing a president-elect at a special

Present Bylaws	Proposed Amendments	Rationale
	Nominating Committee shall prepare and present to the House of Delegates a slate for that office. When possible the slate shall be submitted to the Board of Directors and the district nurses associations in advance of the convention.	election.
ARTICLE XX. QUORUM	ARTICLE XX. QUORUM	
Section 1. With the exception of the House of Delegates, the Board of Directors, and the Collective Bargaining Council, the quorum for all structural units of the association with fixed membership shall be one-third of the membership and one officer.	Section 1. With the exception of the House of Delegates, the Board of Directors, and the Collective Bargaining Council, the quorum for all structural units of the association with fixed membership (number of members specified in these bylaws) shall be one-third of the membership.	Clarifies and provides less restrictive requirement.
Section 3. Any subunit may establish its own quorum.	Delete	Already covered in Sections 1 and 2.

CERP Approved Continuing Education Offerings

DATE & LOCATION	OFFERING TITLE	CERP CREDIT	CONTACT SPONSOR FOR INFORMATION
Sep. 27-28 Raleigh --- Oct. 11-12 Raleigh	Part I (Cardiovascular Problems and Part II (The Nurse's Role	22	NCNA, P.O. Box 12025, Raleigh 27605
Sep. 30 Winston-Salem	Basic Counseling Skills for the Psychiatric Nurse	7	Dr. Richard Blue, Mandala Center, 3637 Old Vineyard Rd., Winston-Salem, 27104
Oct. Danbury	Fluid and Electrolyte Balance	8	Pamela Brewer, RN, Stokes-Reynolds Memorial Hospital, Box 38, Danbury 27016
Oct. 3 Pinehurst	A Multidisciplinary Approach to Death and Dying	7	Linda Wallace, RN, Moore Memorial Hospital Box 3000, Pinehurst 28374
Oct. 3, Greensboro Oct. 4, Winston-Salem Oct. 5, Charlotte	Communication Effectiveness and Staff Performance Evaluation	6	Morris Johnson, Human Research & Develop. 2555 Madrid Way South St. Petersburg, Fla. 33712
Oct. 3 & 4 Durham	Cardiac Surgery Today- A Nursing Perspective	12	Christine Moran, RN, Inservice Education DUMC, Box 3883, Durham 27710
Oct. 4-25, Hickory	Helping Human Relations	28	Marjorie Anderson, Northwest AHEC, Bowman-Gray School of Medicine, Winston-Salem 27103
Oct. 5-20, Boone	Tracking the High Risk Infant & Family	18	
Oct. 6-27, Hickory	Leadership for the RN	24	
Oct. 19, Durham	Basic Life Support, Certification Course	7	Elizabeth Trought, RN, Inservice Education DUMC, Box 3883, Durham 27710
Oct. 26,27 Durham	Basic Life Support, Instructor Certification	16	
Oct. 30,31 Clemmons	Electrocardiography for Nurses	15	Nancy Anderson, 952 Madison Ave. Winston-S.
ISOTHERMAL COMMUNITY COLLEGE will offer the following workshop. For information, contact Ed Barrier, Continuing Education Division, Isothermal Community College, Spindale, 28160.			
Sep. 28, Spindale	Death & Dying	Credit not listed	
UNIVERSITY OF NC SCHOOL OF PUBLIC HEALTH will offer the following conference. For information, contact Brenda Harris, Office of Continuing Education, UNC-CH School of Public Health, Chapel Hill 27514			
Nov. 28-29, Raleigh	Focus: Families-Organizations-Children-Utilization of Services	Credit not listed	
UNC-CHAPEL HILL SCHOOL OF NURSING will offer the following. For information contact Judith Wray, Continuing Education Division. James M. Johnson Awards are available to provide assistance, generally not exceeding one-half the fee.			
Oct. 2	Orientation for Coordinators of the Nurse & N.C. Law	7 RPs	Fee: $25
Oct. 2-6	Practical Approaches to Diabetic Care	35 RPs	Fee: $125
Oct. 4	Food Fads and Myths	6 RPs	Fee: $25
Oct. 9	Searching for Values	6 RPs	Fee: $25
Oct. 10-11	Elements of an Effective Staff Development Program	12 RPs	Fee: $50
Oct. 16-17	Cost Containment Through Budgetary Planning	12 RPs	Fee: $50
Oct. 16-17	Emotional First Aid	12 RPs	Fee: $50
Oct. 16-17	Needles: Sharpen Your Skills in IV Management	12 RPs	Fee: $50
Nov. 1-2	A New Look at Patient Teaching	13 RPs	Fee: $50
Nov. 6-7	Primary Nursing	12 RPs	Fee: $50
Nov. 6-8	Assertive Training	18 RPs	Fee: $75
Nov. 14-15	Gero. Nursing Series: Health Assessment of the Elderly	12 RPs	Fee: $50

CERP ACHIEVERS *

Mary Woodruff, Wendell

Marjorie Kravetz, Mars Hill

Mary Clayton, Mount Holly

Grace Turner, Greenville

Leah Masters, Asheville

* NCNA Policy: Only first-time Achievers are listed

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Raleigh	**919/872-7100**
Winston-Salem	**919/723-9615**

Four Tar Heel nurses receive ANA certification

Several North Carolina nurses have been certified recently by the Certification Boards of ANA Divisions on Practice. They are:

Certified as clinical specialists in psychiatric and mental health nursing—Anne H. Fishel of Chapel Hill, Gail S. Hamilton and Mary Lynn T. Wigodsky of Winston-Salem, and Carol C. Stephens of Sylva.

An updated directory of certified nurses is maintained by NCNA.

FNP Conference Group sets up membership criteria

Membership criteria of the ANA Council of Primary Health Care Nurse Practitioners have been adopted, with some modification, by the NCNA Family Nurse Practitioner Conference Group.

To be eligible for membership in the NCNA Conference Group, the member must meet one of the following criteria:

1. Graduate of a formal organized program (degree granting or continuing

(continued on page 16)

NCNA nominates nurses for school health post

NCNA has nominated three members for consideration by Governor James Hunt for appointment to the State School Health Education Advisory Committee. The Governor will appoint one from NCNA's list.

The Advisory Committee was initiated under legislation passed by the General Assembly in the 1978 session, appropriating $210,000 for school health education. The bill named 10 organizations, including NCNA, which are to nominate persons for appointment. The bill also provides for coordinators of school health education in eight local school systems, development of a comprehensive health education curriculum guide, and continuation of the health education consultant position in the Department of Public Instruction.

NCNA's nominees are: Ann Samuel and Barbara McMillan, public health nurses in Guilford County, and Eddie Grubbs, public health nurse in Forsyth County, all experienced in school health programs.

ANA sets hearings on youth health problems

ANA will hold a series of hearings across the country this fall to investigate unmet health needs of youth.

An ANA Commission on Youth Health Problems will receive testimony, prepare a report, and make recommendations to policy makers in the U.S. Government and in the United Nations, which is celebrating the International Year of the Child.

Sites for the hearings are: Boston, September 26; Atlanta, October 10; Los Angeles, October 24; Chicago, October 31; Washington, D.C., November 14.

Barbara Nichols, ANA president, will chair the Commission. In announcing the hearings, President Nichols stated: "The increase of epidemic proportions in youth health related problems demands our immediate attention. Incest and sexual abuse of children are on the increase. Suicide is now the second leading cause of death among adolescents. The drug problem has not gone away; we just hear about it less. Between 60,000 and 80,000 young girls become sterile as a result of gonorrhea every year. These facts will not go away unless we, as concerned citizens and health professionals, make changes in order to give our children the health care they need."

Nurses in North Carolina who have pertinent information and concerns about youth health needs are requested to share the information with NCNA so that coordinated and meaningful written testimony can be filed with the Commission. There are no plans at present, because of budget constraints, to send NCNA representatives to any of the hearings.

Mark Your Calendar

September 27-28 and October 11-12, 1978
Electrocardiography for Nurses (4-day workshop) conducted by NCNA Medical-Surgical Division, NCNA Headquorters

October 4, 1978
Part II, Workshop on Perinatal Nursing Standards, Ramada Inn South, Raleigh

October 25-27, 1978
NCNA Convention, Grove Park Inn, Asheville

November 8-9, 1978
12-Lead EKG Workshop, conducted by NCNA Medical-Surgical Division, NCNA Headquarters

November 11, 1978
Federotion of Nursing Orgonizations, NCNA Headquorters

November 13-14, 1978
Workshop on Leadership, conducted by NCNA, Ramado Inn South, Raleigh

February 22-24, 1979
SNANC Convention, Winston-Salem

November 9-11, 1979
ANA Scientific Sessions, Nashville, Tenn.

UNIQUE OPPORTUNITY! RN with BSN to develop creative role in modern varied geriatric setting. Charming coastal area. A. Modigh, Sailors' Snug Harbor. (919) 225-4411.

About People . . .

Rosemary Lemmond Ritzman has joined the staff of the North Carolina Board of Nursing as consultant. She formerly was on the graduate faculty, Virginia Commonwealth University, Medical College of Virginia School of Nursing. She earned degrees at UNC-CH and Duke University Schools of Nursing... **Carol Osman**, chairman of the NCNA CERP Committee, has been appointed to the Ad Hoc Committee on Study of Entry into Practice... **Donna Thigpen**, director of health occupations at James Sprunt Institute, Kenansville, has been appointed chairman of the Policy and Appeals Council of the Nurses Association of the American College of Obstetricians and Gynecologists... **Ann M. Fonville** of Greensboro has been appointed to the NCNA Membership Committee.

WANTED!

Opportunity for physical fitness
Bring walking shoes to convention.
Details at registration.
sponsored by
Commission on Health Affairs

FNP...
(continued from page 15)

education) which prepares them to function as primary health care nurse practitioners.

2. Students actively enrolled within formal organized nurse practitioner programs.

3. Nurse educators teaching in formal organized nurse practitioner programs which prepare nurses to function as primary health care nurse practitioners.

4. Nurse practitioners who have met the criteria for appraval to practice by the Joint Subcommittee of the Board of Nursing and Board of Medical Examiners.

Help Affirmative Action Committee identify minority nurses...

The NCNA Ad Hoc Committee an Affirmative Action is trying to identify minority nurses in North Carolina, both members and non-members. Please send the Committee (c/o NCNA Headquarters) the following information:

Name _____

Address _____

Minority group (please circle): Black Male Native American Spanish Surname Other

Position/Education: _____

Member of NCNA (please circle) Yes No

Any comments or suggestions would be appreciated. Thanks for responding.

NORTH CAROLINA NURSES ASSOCIATION
P.O. Box 12025
Raleigh, North Caralina 27605

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Tar Heel Nurse

DEC 11 1978

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Delegates adopt uniform district dues, endorse mandatory continuing education

Planned as a "mini-convention," the 1978 convention of NCNA was anything but "mini" in view of the attendance, high level of interest, and significance of decisions made.

The attendance of 475 exceeded the projections of the convention planners. We ran out of printed convention materials, in spite of reordering an everything at the last minute. The unexpected turnout taxed the unprepared staff at Grove Park Inn. We even ate more than they had expected.

The program sessions were well attended. Audience participation in discussion was spirited, considerate, thoughtful. The controversial issues on the agenda surely influenced the attendance and the participation. It was a healthy airing of feelings, opinions, viewpoints. And everyone who attended appears to feel good about the opportunity to speak out and the atmosphere of "I hear what you are saying" that pervaded.

The House of Delegates adopted the following resolutions:

- Endorsing the concept of mandatory continuing education for relicensure of nurses and charging the Association to continue appropriate efforts necessary for implementation of this concept (adopted overwhelmingly).
- Endorsing the action of the Board of Directors in convening a Task Force to study the Nursing Practice Act and to recommend revisions, the Board is to present its report on this study to the 1979 House of Delegates.
- Charging members of NCNA to promote health by their own example and lifestyle and charging the Association's structural units to endorse and promote mass educational programs on personal health for North Carolina citizens.
- Reaffirming the Association's continued support of its traditional role as the professional organization which speaks for nurses in North Carolina and calling for continued vigilence to protect that role.

These resolutions were printed in the September 1978 "Convention News" sent to every member and were adopted without change.

The following resolution was adopted as an emergency resolution (not disseminated prior to the convention):

Resolution on Entry into Nursing Practice

WHEREAS, NCNA since 1964 has studied the various levels of preparation for entry into nursing practice, and

WHEREAS, the 1977 NCNA House of Delegates adopted the "Position Statement on Legislation to Facilitate Baccalaureate Education for the Registered Nurse" which recognizes " . . . . a trend toward baccalaureate education for entry into the practice of nursing . . .", and

WHEREAS, the Board of Directors appointed an ad hoc Study Committee under direction from the 1977 House of Delegates, on Entry Into Nursing Practice, and

WHEREAS, the 1978 ANA House of Delegates passed Resolution #56 which states that "two categories of nursing practice be clearly identified and titled by 1980; that by 1985 the minimum preparation for entry into professional nursing practice is the baccalaureate degree in nursing . . . .;" ". . . . that national guidelines for implementation be identified and reported back to ANA membership by 1980.", be it therefore

RESOLVED, that NCNA go on record in support of ANA Resolution #56.

Bylaws amendments, published as proposals in the September-October **Tar Heel Nurse**, were adopted. The most significant was adoption of $5 uniform district dues. Uniformity in district dues was recommended by the Council of District Presidents and

(continued on page 10)

Task Force to study Nursing Practice Act

The NCNA Board of Directors has convened a Task Force to study and prepare revisions to the North Carolina Nursing Practice Act.

The 21-member Task Force held its first meeting on November 13 and adopted a time-table providing for a report of its findings to the Board of Directors prior to the 1979 NCNA convention. The House of Delegates at its 1978 session unanimously endorsed the Board's action in convening the Task Force.

Nurses throughout the state are encouraged to provide input to the Task Force as soon as possible. This is your chance to share your comments and recommendations concerning the present Nursing Practice Act.

NCNA President Gene Tranbarger will chair the Task Force. Other members are:

Ernestine Small, Greensboro, NCNA president-elect;

Lois Isler, FNP, Greensboro, representing Commission on Practice;

Dr. Virginia Stone, F.A.A.N., Durham, representing Commission on Practice;

Judy Seamon, Morehead City, representing Commission on Practice;

Evelyn Perry, Greenville, President, North Carolina League for Nursing;

Elizabeth Jones, L.P.N., Durham, president, North Carolina Licensed Practical Nurses Association;

Sammy Griffin, L.P.N., executive director, NCLPNA, Durham;

Audrey Booth, Durham, Chairman, North Carolina Board of Nursing;

Dr. Elizabeth Beach, associate executive director, North Carolina Board of Nursing, Raleigh;

Estelle Fulp, Chief, Office of Nursing, Division of Health Services, Department of Human Resources, Raleigh;

Dr. Vercie Eller, assistant director of health program, Nursing and Allied Health, Department of Community Colleges, Raleigh;

Dr. Jeanne Margaret McNally, associate

(continued on page 2)

Actions of the Board . . .

At its September 8-10, 1978 and October 13, 1978 meetings, the Board of Directors took the following actions:

- Authorized appointment of a Task Force to study the Nursing Practice Act and propose revisions prior to the 1979 NCNA convention.
- Adopted a resolution to be presented to the 1978 House of Delegates requesting endorsement of this action.
- Reaffirmed the policy that convention registration is required at higher rates for non-members, for attendance at any convention program.
- Directed that options be explored for deposit of passbook savings account at most favorable interest rate.
- Authorized appointment of an ad hoc committee to review the "Report on Analysis and Planning for Improved Distribution of Nursing Personnel and Services", funded by HEW, as to feasibility of utilizing the state model for projecting nursing needs in North Carolina.
- Voted that students registering for all three days of the 1978 convention and who are not SNANC members will be given membership in NSNA and SNANC.
- Voted to give funding priority for staff travel to attend meetings of structural units held away from NCNA headquarters.
- Approved revisions in Minimum Employment Standards for Registered Nurses.
- Made recommendations for appointment to ANA committees and commissions.
- Reaffirmed the policy that NCNA membership list will not be made available to any commercial organization.
- Voted to endorse the FOCUS conference on services for families and children in North Carolina.
- Requested further information from ANA about possibility of conducting a hearing in North Carolina on a current health problem of concern to nurses.
- Directed that a summary, "Implementation of Actions of the 1977 House of Delegates", be disseminated at the 1978 convention and be placed on the agenda of the House of Delegates.

CLOSED FOR HOLIDAYS

Headquarters offices will be closed December 22-26 for Christmas holidays. Staffing during the Christmas holiday period will be at a minimum to allow individuals to take earned but unused vacation and compensatory time.

The University of Colorado School Nurse Practitioner Program is presently accepting applications for the 1979-80 class. For more information, write to Judith Igoe, School Nurse Practitioner Program, 4200 E. 9th Ave., Container C287, Denver, CO 80262.

Humanities group funds project to aid nurses in dealing with ethical dilemmas

NCNA has received a grant of $7,558.00 from the North Carolina Humanities Committee to fund the first phase of a project "Bioethics: A Nursing Perspective," designed to assist nurses in recognizing ethical principles of professional nursing practice and to re-evaluate these in light of current needs, technology, and changing patterns of health care.

The project is a follow-up of the 75th Anniversary Lecture Series on Ethical Dilemmas in Health Care. Serving on the Project Planning Committee are Margaret Keller, Chairman, Nancy Sumner, Sister Kathryn Galligan, Martha Henderson, and Martha Adams.

The phase now funded by NCHC, which also funded the lecture series, includes surveying individual nurses about ethical issues stemming from their individual practice areas and schools of nursing about how and how much ethics is being taught in nursing education programs. The questionnaire for individual nurse response appears in this issue. It also will be distributed widely to non-members.

Nurse responses will be analyzed as to perceptions nurses have of ethical dilemmas and their perceptions of resources needed to deal with these dilemmas. This data and the results of the survey of schools of nursing will be part of the working papers for a planning conference to be held May 4-6, 1979, at the Center for Continuing Education, Boone. Conference participants will be 10 humanists, 30 registered nurses, and Dr. Mila Arasker, a nationally recognized nurse expert on ethical dilemmas and nursing practice, who will serve as keynoter and consultant.

Participants will devise approaches nurses might use in dealing with their ethical dilemmas and plan content for regional conferences to be held later in 1979 for all interested nurses. The regional conferences constitute phase two of the project. Phase three will be a descriptive report of the planning conference and the regional conferences. It is hoped that the report will include a guideline for curriculum development on dealing with ethical dilemmas in nursing practice. The report will be made available to inservice instructors, schools of nursing, and teachers in continuing education for practicing nurses.

NCNA will match funding provided by NCHC with staff and planning committee service of equal value. Proposals will be submitted to NCHC after June 1, 1979, for completion of the project.

Governor appoints Samuel to school health committee

Ann Samuel of Greensboro has been appointed by Governor James B. Hunt to represent NCNA on the State School Health Education Advisory Committee.

NCNA is one of 10 organizations represented on the Committee, which was created by the General Assembly this year to advise on implementation of a statewide school health education program. Mrs. Samuel was on of three RNs recommended by NCNA for the appointment.

Mrs. Samuel in nursing supervisor in the Guilford County Health Department and has long experience in school health services.

The 1978 legislation calls for upgrading school health education across the state over a 10-year period. An appropriation of $210,000 for 1978-79 provides for: (1) coordinators of school health education in eight local school systems; (2) initiation of a state health education advisory committee; (3) development of a comprehensive health education curriculum guide; and (4) continuation of the health education consultant position in the Department of Public Instruction.

Good for me.
Good for you.
Good for nursing.

TASK FORCE . . .

(continued from page 1)

vice-president, Academic Affairs, UNC General Administration, Chapel Hill;

Gwen Andrews, director of nursing, North Carolina Baptist Hospital, Winston-Salem;

Dr. Ora Strickland-Davis, Greensboro, Chairman of Nurse-PAC and member of NCNA Core Legislative Committee;

Hettie Nagel, FNP, acting director of nursing education, Mountain AHEC, Asheville;

Johnea Kelley, Durham, representing Council of Deans and Directors of Baccalaureate and Higher Degree Programs;

Sarah Pike, Raleigh, President, Emergency Department Nurses Association;

Julia Kamienski, Greensboro, staff nurse and advisor to Student Nurse Association of North Carolina;

Dr. Eloise Lewis, Dean, School of Nursing, UNC-Greensboro;

Nancy Snapp, Director of Nursing, Presbyterian Hospital, Charlotte

NCNA members honored at convention for maternal-child care, outstanding service

Twa members received honors ot the 1978 convention in Asheville. Lois Isler wos nomed March of Dimes Nurse of the Year for her autstanding efforts in roising the quolity af nursing care to mothers and infonts in North Corolino, ond Noncy M. Anderson received the Board of Directors Outstonding Service Award for her contribution, volunteered on behalf of NCNA, os instructor in o series of workshops on electrocordiography for nurses.

Mrs. Isler, a fomily nurse proctitianer in Greensboro, received o cosh oword of $500 for continuing educotion to improve maternol-infont core. The competition is co-spansored by NCNA ond The National Foundation-Morch of Dimes. The selection wos made by o committee of NCNA, bosed on criteria developed by the ANA Moternol-Child Heolth Division Executive Committee.

Mrs. Isler provides direct primory health core to individuols ond fomilies ond supervises ond caordinotes staff for moternity ond child heolth clinics. Much of her proctice is with mothers and children in high-risk population graups. She olso evaluotes the heolth component of the notionol Heodstort progroms in North Corolina os heolth consultont, Westinghouse Heolth Systems.

Lois Isler receives the Morch af Dimes Nurse af the Yeor oword of $500 from Jock McGee, Narth Coralino field representotive for The Notional Foundation. Looking an is NCNA President Gene Tronborger.

Noncy Andersan is winner of special aword given by Board af Directors for outstonding service to NCNA.

Mrs. Anderson, a certified critical core nurse ond choirmon of NCNA's Division of Medicol-Surgical Nursing, hos conducted three workshops tataling eight doys in recent months to improve skills of nurses coring for potients with cordiovoscular problems. She hos donated more thon 200 hours of her persanal time to teoch the courses, making it possible for NCNA to enhance its workshop budget.

New health director introduced to state

NCNA President Gene Tronborger, on personol invitation from Governor James B. Hunt, ottended o press conference on November 2, where Dr. Hugh Tilson was introduced as the state's new director of health services.

Dr. Tilson succeeds Dr. Jocob Koomen, who held the post for 12 yeors ond hos joined the foculty of the UNC-CH Schaal of Public Heolth os clinicol professor of public heolth odministration.

Joining Governor Hunt in announcing the new appointment wos Dr. Soroh Morrow, secretory af Human Resources. The new health directar formerly wos head of the Oregon Heolth Deportment.

WANTED: Moster's level psychiotric nurses for clinicol, supervisory, ond educationol positions in o privote, psychiotric haspitol. Excellent salory ond fringe benefits. Contoct Sherry Honeo, Director of Nursing Service, Highland Haspital, P. O. Box 1101, Asheville, NC 28802.

We Need More People Like You !!

Army Nurses wark is ane of the most stimuloting professionol environments in nursing todoy. As on Army Nurse, you'll hove the appartunity to practice nursing within the lorgest health-care system in the notion which includes exciting assignments in mojor medicol centers world-wide.

You'll be on Army Officer with the oppropriate responsibilities, privileges, ond solory of o recognized prafessianal. Your minimum storting solary will ronge fram opproximotely $11,294 to $14,973 onnuolly, depending upon your educatianal background ond your previous nursing experience. In addition to the excellent solory, you'll receive ather benefits such os educational opportunities, trovel, tox odvontoges, ond free heolth ond dentol care. To quolify, you need at least o Bochelor's Degree in Nursing from a National Leogue of Nursing occredited school. Also, you must quolify under the Army's generol entronce requirements. Senior nursing students may apply during the last semester ar quarter of the BSN Pragram.

Coll your Army Nurse Corps Counselar, toll free in Narth Caralina, 1-800-662-7473: Coptoin Deboroh Gront, 310 New Bern Avenue, P. O. Bax 26537, Roleigh, Narth Corolino 27611.

PERSPECTIVES '78: ENCOUNTER WITH REALITY

Keynote address of 1978 NCNA Convention
by Thelma Schorr, Editor, American Journal of Nursing

When Frankie wrote me the final plans for your convention, she was kind enough to offer me a choice of subjects. Actually, I'm very comfortable with your theme "Encounter with Reality," and I admire you for your willingness to take on open look at our problems and thrash them out in a public forum. And I say "our problems" advisedly because I travel a good deal -- and believe me, all over the country nurses are focusing on the same basic critical problems -- problems such as defining and defending the scope of our practice, recognizing what the essence of nursing practice really is and making sure that we preserve it as we expand and articulate with other health professions in providing the services that an increasingly sophisticated public is expecting, demanding, and about to legislate. Then there is the problem of preparation for that practice and the problem of how to demonstrate our commitment to maintaining competence in that practice. And there is the crucial problem of how to keep our internal conflicts over these questions from emasculating our efforts in all other areas.

With your permission, I would like to concentrate today on three imperatives that I see as basic to our problems and to their solutions as well.

Obviously, mine is not a comprehensive list, and I hope that we'll have time later for discussion, because I want to hear your response to my concerns and also I want to hear your concerns.

The first on my list is getting people to recognize the entity of nursing -- to differentiate between nursing care and medical care. Nursing care and medical care are both components of health care. But I can't tell you how many papers come into the **Jaurnal** office, written by nurses, still using the term medical care as the generic term for health care. If nurses themselves don't recognize the entity of nursing, how can we expect physicians ever to acknowledge it, or the public to differentiate it?

Historical Reason

There are historical reasons why we are in the position we are today. There is no question but that the bureaucratic structure of hospitals, in which 68% of the working nurses of this country practice, and in many of which nursing is not even considered a separate item in the budget, is one strong factor helping to keep nursing subsumed under the misappelation, medical care, or -- and I am not sure which is worse -- under the cost of the hospital room.

Another factor is the handmaiden tradition which we talk about having escaped from, but which most physicians still see as our role. I do think that we are beginning to break this mold somewhat, thanks to the women's movement, because many nurses are recognizing that their dutiful aid to the doctor, rather than responsible care of the patient, is similar to the wife-husband relationship in which the "little woman" whispers all of her good ideas to her husband so that they can come strongly out of his mouth rather than hers. Sometimes I think that those of us who are very active in organization, such as you are and I am, kid ourselves about how many women are still out there maintaining traditional sexual stereotypes. We are asking nurses to be assertive, but there are still many nurses who really do not find it easy to move out of the comfortable wife-to-husband relationship they have established with physicians. Females from biblical times have been in a down or dependent position. Women have been conditioned for centuries to have men take the responsiblity for action. The nurse who says "ask the doctor" when a patient asks her a question is the same person who says "wait till your father gets home" to her children or asks her husband whom to vote for before she goes into the ballot booth. Actually, just between us, I don't think it is very much the fault of physicians that we are where we are in relation to them. It is **we** who must act to change the relationship we have with physicians. It is **we** who must clean up the vocabulary that underscores our dependent position.

Take, for example, the words doctor's orders. What kind of foolishness is that? No profession should order another profession what to do. The physician writes a prescription for the medical requirements of the patient's regimen. We are helping the patient to carry out his total regimen.

For too long we have let other people order us around. For too long we have let other people tell us what nursing is and isn't. We have let hierarchies build up around us because we have not been willing to be accountable and responsible for our own actions.

Buck - Passing

A hierarchy is a buck-passing mechanism. It provides a comfortable habitat for the passive, dependent job holder who puts in his or her time without assuming a professional stance, and I say assuming because this is something one must do for oneself. No job description in the world confers professional bearing. But if we are going to stand up and be accountable, we must be able to explain what nursing care is and that it is done for the patient and not for the physician or for the hospital.

I strongly endorse two movements that have been gathering momentum in our profession in recent years. One is the nurse practitioner movement and the other is the trend to primary nursing in hospitals. Both of these, each in its own way, have caught the public's interest and are making people think about nursing in a new way.

I know that there are many nurses who are disdainful of the nurse practitioner movement and believe that nurse practitioners function too much like physician's assistants and therefore are making the line between the two professions even more blurred. I think there **are** some nurse practitioners who **do** function as physician's assistants, and if that's what they want to be, let them, only I wish they would call themselves that and not confuse the issue. But there are many, many nurse practitioners who have their own heads on very straight, who are using assessment skills to perform high level nursing -- nurturing, counseling, caring, supporting -- as well as listening to chests and doing Pap smears. Many of these practitioners are setting an example in their assertiveness of an egalitarianism that really can lead to the long overdue acceptance of nursing care as a separate entity with its own accountability.

Speaking of accountability leads me to the second movement that I think is differentiating nursing separateness - and when I say separateness I don't mean total independence. I mean interdependence with all other health professionals who have a common goal but separate responsibilities leading to the fulfillment of that goal.

Let me read you a paragraph from a letter calling me to task for something I had written. *"Nurses keep saying in writing that we are accountable to the patient and we tell the physicians that we are not accountable to them but to the patient, and we tell hospital administrators that we are not accountable to them but to the patient. But has anybody told the patient this? When was the last time a patient asked a nurse to be accountable?"*

My answer to that is primary nursing.

Just so we have our terms straight, I will define primary nursing, which I find some people confuse with primary health care. Primary nursing is the 24-hour responsibility for a patient's nursing care that is assumed by one nurse who deliberately plans that patient's care and makes sure that the people on other shifts, who are there when she isn't, follow that plan. Not rigidly, of course, changing it if necessary, but should there be a need for a **major** change, they would telephone her and discuss it with her since **she** is the person who takes the nursing responsibility for that patient's care.

We have a clipping service at the **Journal** and for several years now, we have been getting many clippings of feature articles about nurse practitioners. Within the last year, we have started to get the same kind of feature articles about the primary nursing system. The public is welcoming the opportunity to have **one** nurse to turn to in that huge maze of hospital personnel.

There are hospitals all over the country now instituting primary nursing, and patients and families are having their attitudes reshaped because they can identify one nurse who is assuming the authority for their care. Once a patient knows there is a nurse responsible for him, that nurse becomes accountable, and my answer to the person who wrote me saying has anybody **told** the patient this, is that patients are now **seeing** this.

Public Image

This leads me to the second imperative I want to talk about this morning: strengthening the public image of the nurse as an assertive, thoughtful, accountable, caring professional. When you start to research the public image of the nurse today, you really keep flip-flopping between the good news and the bad news.

First, let's take head on some of the bad news. For example, there's the TV image of the nurse. The run-of-the-mill sitcom certainly doesn't show a nurse any of us would want to identify with. The only show I take any pleasure in is MASH and that's because the nurses in that MASH unit look competent. Margaret Houlehan, Hot Lips, may have her sexual problems and her rotten moods, but I'd take her any time to the idiots on "Mucus" Welby who do nothing but answer the

phone and say "yes, doctor." At least Hot Lips is a developed character, not a white-suited anonymous automaton.

But TV isn't all bad for us. We do better with the documentaries, which are truth rather than fiction. There was a superb segment of "60 Minutes" that featured Joy Ufema who works with dying patients at a Harrisburg, Pa., hospital. She came across as caring and smart and sensitive and real. Then there's the documentary, "Portrait of a Nurse," about Jean Steel, a nurse practitioner in Boston, which has been shown on public television in prime time and is due to be shown again early next month. And there are the public service spots that ANA had produced for the Year of the Nurse -- which were used widely -- each had about 300 showings, I believe.

Last year Anne Zimmerman did us proud on the Phil Donahue Show. And there have been several nurses on the "Not for Women Only" program and on some of the public broadcasting company's health panel shows.

Moreover, by and large, we've really been doing much better in the print media There have been good stories about nurses in magazines like **Working Women** and **Redbook** and a lot of solid newspaper features about individual nurses, or new roles for nurses, or new looks at not so new roles. For example, I've seen a large number of stories lately about community health nursing, some of which may have been sparked by all the stories about nurse practitioners. The city editor sees a wire story about nurse practitioners in another community, looks for what's in his own community, and says "Look what we have here -- a whole agency of nurses who can care for many of our health needs." That agency may have been serving the community for 50 years but the time is ripe now for it to take on new charisma.

So, I think we're beginning to do better in terms of our public image, although we still have an uphill struggle if we are to erase from people's minds the picture of nurses in hospitals who are nursing desks instead of patients. But it's those nurses who still are nursing desks that we must deal with and the roles which they themselves see as their lot. I think this is the core of the problem, how they view themselves. They don't want to hug the desks, but they don't have the intestinal fortitude to stand up to the system and assert their right to do what they know is right for patients. I don't think they have a lack of knowledge; they have a lack of guts that comes from being undervalued and from undervaluing themselves.

Nor do I think this bruised self-image is confined to the hospital setting. With some wonderful exceptions, I think it pervades our profession and manages to keep us in a place that is inappropriate for our education, inadequate for the proper use of our talents, and indecent when you consider the needs for care and what we could be doing to fill them.

Need For Unity

A cost-conscious public, struggling to get value received from dwindling dollars, is not going to continue to let us function at 20% of our cognitive capacity. That public is not going to continue to subsidize the high cost of education that we say we need and don't show that we use. This is not a time when we can get away with saying that we are not allowed to function as we're taught. We have to stop complaining about the organization and start reorganizing it. We just can't have it both ways. We can't insist that we are accountable and then say that the bureaucracy of the system ties our hands. Maybe it does, but we'd better start learning how to negotiate to get our hands untied. Moreover, at a time when the health care delivery system is under such scrutiny, and is obviously about to undergo some type of legislative reorganization, we can't afford as a group to be so disunited, disrespectful, and disparaging of one another. There is a critical need for unity at this point, and the glue that will hold us together is respect for one another. But, as any good psychiatric nurse will tell us, before we can respect others we must learn to respect ourselves.

In this regard, I think one of our major faults is our inability to keep straight the difference between ends and means. I see this as the crux of our educational dissonance. We will continue to be immobilized in our efforts to standardize nursing education as long as we fail to heal our schisms and keep attacking one another as "degree nurses" and "diploma nurses" in a way that is certain to engender defensiveness and hostility in one toward the other. Education is the means. The end is a knowledgeable, skilled, compassionate nurse able not only to plan and provide nurturance for one patient but to negotiate strategies that allow him or her to manage and provide care for groups of patients as well.

Education for this bicultural nursing, as Kramer calls it in her classic report on **Reality Shock**, must extend beyond the traditional basic nursing programs, and new graduates must work their way into the "in group" and find mentors who can help them learn how to function in the real world, learn the "tricks of the trade" if you will, the wisdom that is handed down from previous generations of nurses.

The fact that the profession has determined that the theoretical underpinnings and the inquiring spirit today's and tomorrow's nursing requires can best be developed in a university setting does not mean that education ceases at that point. I've never been to a college graduation where speakers haven't talked about Commencement as the beginning of more learning. But somehow once we get new nursing graduates into the work settings, we manage to put them into our warring camps.

I go to many student association meetings, both on a state and national level. National Student Nurses' Association membership is at this point about ⅓ AD, ⅓ diploma, and ⅓ baccalaureate. I don't find the students so disrespectful of one another's programs. If anything, they are angry at **us** for not having found the means to institutionalize our 1965 Position without making a large portion of the profession feel devalued. NSNA has taken a firm stand on the baccalaureate as the entry level but its members are far more understanding of the exigencies which force students to **begin** with a different route -- like financial need, family responsibilities which preclude moving, and inaccessibility of baccalaureate programs.

We really must work to stop the divisiveness of our transition and learn to blend the best of both learning worlds -- the formal school setting and the work setting. We have to trust and encourage young nurses to trust their co-workers enough to share what they lack as well as what they know. The mistrust of one another that keeps us splintered is a very destructive force. And while I'm speaking of destructive forces, let me say that the use of the word profession **as a weapon** is another thing that keeps us from our proper sense of being valued. I am sick unto death of hearing us ruminate about whether or not nursing is a profession. Of course nursing is a profession. The very people who will argue that point are the people who call loudest and clearest for us to stop trying to follow the medical model in every thing we do. Yet a discussion of professionalism always winds up with our measuring ourselves against Flexner's criteria. If ever there was a medical model that's it.

As you go through Flexner's criteria, inevitably you get hung up on the question of whether nursing is a learned profession with its own unique body of knowledge. I don't think there is a unique body of knowledge for **any** profession, and I think we should stop spending our intellectual energy on that ephemeral quest. We would do much better to use our inquiring minds to seek deeper insights into human behavior, into ethical personhood and the problems attendant upon that concept, into philosophy, into the control of pain, into preventing bladder infections, into learning more about the effects of trace minerals in the diet, into controlling risk factors in hypertension and coronary disease, into research on sleep patterns, and range of motion, and response to nurturance. We have a wealth of data in our collective heads and in our individual heads, too. You can't be a nurse and be dumb. What you can be is someone who fails to assert him or herself to contribute knowledge, to take responsibility, and to use that head to improve health care.

My third imperative, then, is that we become a united profession, because with a million and a quarter nurses, we could have tremendous impact, if we would but use it. I have not one doubt about our potential once we redefine our position in the health care system. **We**, no one else.

As you wrestle with the deeply serious problems you have on your agenda this week, I beg you to remember that the decisions you make today are for nursing's future, but that if nurses don't make them, other groups will.

I want to close with an old Talmudic declaration that we should all take to heart and to head:

If I'm not for myself, who will be for me?
But if I'm only for myself, who am I?
And if not now, when?

MEMORIAL FUND

A Memorial Fund has been established at Catawba Memorial Hospital in Hickory in memory of Patricia Gendreau, who died there in March.

Pat served as associate executive director of NCNA from 1970-1972. She left NCNA to serve in the Navy Nurse Corps, following which she made her home in Hickory.

Gifts to the Memorial Fund may be sent to Marjory Adams, director of nursing, Catawba Memorial Hospital, Hickory.

MEMBERSHIP CORNER . . .

Our latest monthly membership recap from ANA shows NCNA membership at the end of September as 3,133 -- a gain of 16 over the previous month. To show a gain, even a small one, is encouraging. It may indicate that some of the vigorous membership recruitment efforts by districts and the NCNA Membership Committee are beginning to bear fruit.

We still have a long way to go. The same month last year we had 3,344 members, a loss over the year of 211 members.

A persistent problem is the high number of deletes. We recruit a respectable number of new members each month but lose too many who fail to renew. In September 1978, there were 63 new members and eight transfers in from other states, but there were 52 deletes!

Looking back over our membership records shows that we are back where we were five years ago, when we had 3,140 members. The same month in 1975 we had 3,646. In 1976 it was 3,584.

Nine districts get the applause in this issue for showing a membership **gain** during September. These districts and their membership gain are:

District	Gain
Seven	2
Fourteen	10
Nineteen	1
Twenty-Three	13
Twenty-Four	1
Twenty-Nine	3
Thirty	1
Thirty-One	3
Thirty-Two	5

BLESS YOU, DISTRICT FIVE

At the convention in Asheville, District Five presented a check for $500 to President Gene Tranborger as a donation to help NCNA keep its operating fund out of the red.

The donation, by consent of NCNA and the District, is earmarked to help fund the work of the new Task Force on the Nursing Practice Act. This project was selected for financial support because of the importance of its mission to all nurses in North Carolina.

FOUND

Found at Dorothea Dix Hospital -- a nursing school cape, navy and gold, school initials PMH, owner initials VLS sewn in. Cape was left at Dix several months ago, apparently by a nurse who had attended a large workshop. Owner may claim by contacting Margaret Whittington, director of nursing service, Dorothea Dix Hospital.

Announcing

Special NCNA Membership Enrollment Period
October 1 — December 31, 1978

FREE!

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WHO IS ELIGIBLE

—A registered nurse who joins NCNA during the Special Enrollment Period as annual full-pay member and who has not been a member during the past 12 months.

—A member who recruits five new members during the Special Enrollment Period. Recruits can be any eligible registered nurse not a current member who pays at annual full-pay rate.

Memberships paid in installments or reduced dues categories are NOT eligible for these incentives.

Yes — each new member and the recruiter who signs up five new members during the Special Enrollment Period will receive the free subscription or free HISTORY.

Current AJN subscribers can use their free subscription as a one-year renewal.

Use the form below to sign up as a recruiter and win your one-year subscription to the AMERICAN JOURNAL OF NURSING. Complete the form and return it to NCNA headquarters. We will send you membership application forms, recruitment materials, and instructions for validating the memberships you recruit. Do it right away! The memberships must be recruited before December 31, 1978. Remember, your recruits (full-pay members) will also receive the subscription or gift book.

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Address _____ _____
(Street) (Town) (Zip)

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____**AJN renewal (enclose label)**
____**HISTORY OF NURSING IN N. C.**

For Office Use Only

Recruit Name	Date Received

Questionnaire on Ethical Issues Arising in Nursing Practice

Dear Colleague:

As follow-up to numerous responses and requests arising from the recent 75th NCNA Anniversary Lecture Series on Ethical Dilemmas in Health Care, NCNA has appointed a Task Force to plan a series of conferences throughout North Carolina to assist nurses in various settings with ethical issues stemming from their individual practice areas. In order for these conferences and a resultant monograph to be of relevant value to nurses and their patients/clients, we need direct input from you as to what situations present ethical dilemmas to you. Whether or not you provide direct patient care, teach students or staff, or supervise the work of others, you undoubtedly are faced with decisions that are not always clear-cut and that force you to wonder if the best or correct decisions were made.

Please complete the following questionnaire and return it to the Task Force by January 1, 1979. The questionnaire may be reproduced and shared with registered nurse colleagues who may be interested in participating in this project.

QUESTIONNAIRE

_____ clinical area/work setting

_____ Years
total no. of years in Nursing Practice

1. Have you had any educational preparation in Human Values and/or Ethics? ___Yes ___No If yes, describe (briefly):

2. Have you observed a situation in your nursing practice that presents conflicts in personal value system vs. professional value system, or the value system of the employing agency? ___Yes ___No (If yes, briefly describe the situation. The following categories may assist you in recalling such situations (use extra sheet as needed):

   a. Professional competence

   b. Participation in decision-making:

   c. Documentation-Disclosure:

   d. Discrimination:

   e. Resource Allocation:

   f. Access to Health Care:

   g. Patient's Rights:

   h. Other:

3. What is the usual approach of the nurse(s) to cope with these conflicts?

4. What resources (personal or external) are available to the nurse(s) to resolve these conflicts?

5. What other kinds of help do you feel nurses need?

If you or some nurse you know has a special interest and/or knowledge in the area of ethical issues in nursing, give name and address for possible involvement in conferences being planned:

_____

_____

Return to:
North Carolina Nurses Association
P. O. Box 12025, Raleigh, N. C. 27605
No later than January 1, 1979

News briefs . . .

● St. Joseph Mercy Hospital, Pontiac, Mich., will hold a workshop there on "Primary Nursing -- A Fad or the Essence of Nursing?" February 6-7. The workshop is response to requests for information regarding the implementation of primary nursing within a research design. Contact Susan Stackel or Janet Barnfather, Department of Nursing Research, St. Joseph Mercy Hospital, 900 Woodward Ave., Pontiac, Mich. 48053.

● Our article in the September-October issue about the hospital which has made payroll deduction of ANA/NCNA dues available to its RN employees did not reveal the identity of the hospital. The nurses there are pleased with the system and want you to know -- it's Dasher Hospital in Southport. NCNA staff members who are RNs decided the possibility of payroll deduction of dues has great advantage and requested it. We plan to institute payroll deduction for them as their current membership year expires.

● UNC-Greensboro School of Nursing has received a grant of $51,350 from the W.K. Kellogg Foundation to facilitate earning the baccalaureate degree by RNs. The grant will be used to develop challenge exams; to provide workshops and seminars to help faculty members meet the individualized needs of RN students; and for development of evening courses for practicing nurses who cannot attend regular day classes.

● "Parent-Infant Attachment," a two-and-one-half-day continuing education course developed and sponsored by The Nurses Association of The American College of Obstetricians and Gynecologists, will be piloted December 4-6 at the Orlando Hyatt House, Orlando, Fla.

● The North Carolina Dietetic Association announces publication of the second edition of **Diet Manual,** available at $15 plus 4% sales tax. Available to those who already have the 1972 or 1975 **Manual** is a complete **Second Edition Packet** for $10, plus 4% sales tax. Copies may be ordered from North Carolina Dietetic Association, Inc., 5836 Gate Post Road, Charlotte 28211.

● The Fourth Annual Congress of the Oncology Nursing Society will be held May 17-19, 1979, in New Orleans, La. Contact Oncology Nursing Society, P.O. Box 33, Oakmont, Pa. 15139.

● ANA's Council of Nursing Service Facilitators has a new name, Council on Nursing Administration.

● Latest book by District Eleven member Jean Gonong and husband Warren Ganong is **101 Tremendous Trifles,** a collection of management mini-guides culled from 14 of the manuals in the HELP Series of Management Guides. The 125-page book is priced at $10. Contact Client Services Manager, W. L. Ganong Co., P. O. Box 2727, Chapel Hill 27514.

FLASH

President Carter has vetoed the Nurse Training Act. Since Congress had adjourned, there is no opportunity for override. The President's reason was that the NTA was "inflationary."

Congress had passed the bill by 393-12 vote. Assistance to schools of nursing provided by NTI funds is sorely needed. Talk to your Congressmen and Senators before Congress convenes on January 15 about the need for Nurse Training Act funds for nursing education. You might also write to President Carter that it is discriminatory to veto this bill which provides modest funding for an essential health profession.

● Mary Lou Moore, member of the N.C. Perinatal Advisory Council, and Estelle Fulp, chief, Office of Nursing, Division of Health Services, N.C. Department of Human Resources, are members of the planning committee for the FOCUS conference to be held November 28-29 in Raleigh. It is a multi-disciplinary conference on services for families and children in North Carolina. The conference is endorsed by the NCNA Board of Directors, and NCNA has provided relevant materials for conference display.

● NCNA has received brochures available to interested nurses about the new Ph.D. program in nursing at the University of Colorado School of Nursing. Three specialty areas will be offered: Psychosocial Nursing, Psychobiological Nursing, and Nursing Care Delivery Systems. March 1 is the usual deadline for receipt of applications for fall admissions; however, this year students will be admitted in January 1979 to two tracts in the Psychosocial specialty area. For this admission only, applications will be accepted through December 15, 1978.

● HEW is joining forces with the Health Services Research Center at UNC-CH to conduct a national evaluation of the different kinds of programs that provide primary health care to rural communities. The project is funded by a $476,927 grant from The Robert Wood Johnson Foundation and is an effort to find solutions to the problem of a gap between urban and rural health care, despite increasing federal funding and private efforts.

● Dr. Johnea Kelley has been appointed chairman of the Nursing Department of North Carolina Central University. She has been acting chairman for several months. Dr. Kelley received the doctorate of public health in health administration from UNC-CH School of Public Health in 1976, the first black female in the history of the school to complete this program. She is a charter member of Nurse-PAC and currently is serving as secretary. She is a member of the NCNA Care Legislative Committee and of the Commission on Education. She is also a member of the Task Force on the Nursing Practice Act representing the Council of Deans and Directors of Baccalaureate and Higher Degree Programs.

● A registered nurse, State Senator Rosalie Abrams (D-Baltimore), has been elected to chair the Maryland Democratic Party for the next four years and is believed to be the first nurse in the nation to head a state political party. Another nurse, Grace Connelly, was elected secretary. Thus, two of the four party officers in Maryland are RNs!

● The Third Annual Conference on Alcohol and Drug Abuse will be held November 29 - December 3, 1978, in Atlanta, sponsored by Peachford Hospital, a pioneer in treating alcoholism, and the American Medical Society on Alcoholism. The program will be devoted to rehabilitation and clinical therapy programs on alcoholism and drug abuse and will feature opening of the hospital's new Addictive Disease Unit.

● Nurse manpower planners and nurses interested in health planning practices and methodologies now have a computerized resource available to them for researching current information about nurse manpower planning. The National Health Planning Information Center (NHPIC) has some 4,700 documents related to nurse manpower and planning for nursing services in its computerized data base. Reference searches can be requested from: NHPIC, Nursing Information, P. O. Box 1600, Prince George's Plaza Branch, Hyattsville, Md. 20788 or telephone (301) 927-6410.

● A class in Geriatric Nursing begins November 30 at Forsyth Technical Institute for LPNs, nursing assistants, and home sitters. The class will run for 11 weeks, meeting each Wednesday, 4-6 p.m.

● Under the Maternal-Child Health continuing education project of Region IV, DHEW, the following courses are announced: School Health Nursing, January 15-18, Birmingham, Ala.; The Adolescent, February 27 - March 1, Nashville, Tenn.; The Forgotten School-Age Child, March 13-15, Lexington, Ky.; Effective Prenatal Care, April 1979, Georgia. Contact Elizabeth Presler, University of Kentucky College of Nursing, Health Science and Learning Center, Rose Street, Lexington, Ky. 40506.

● The National Student Nurses' Association will hold its 27th annual convention April 18-22, 1979, in San Antonio, Texas, with a focus on holistic health care.

● Another NCNA member-author is Judith P. Zentner of Hickory. Two nursing textbooks she has co-authored with Ruth B. Murray of St. Louis University are now out in new second editions -- **Nursing Concepts for Health Promotion** and **Nursing Assessment and Health Promotion through the Life Span,** published by

(continued on page 12)

Governor appoints RNs to primary care task force

Lois Isler, family nurse practitioner in the Guilford County Health Department, Greensboro, and Jean T. Lossiter, a registered nurse who administers the Eastern Regional Office of the Division of Health Services, DHR, have been appointed by Governor James B. Hunt to a Task Force to study Primary Care in Local Health Departments.

Mrs. Isler was among several nurses recommended to the Governor for the Task Force by NCNA, and Mrs. Lossiter was chosen from among state health officials.

In appointing the Task Force, Governor Hunt followed up on a proposal made last spring to the North Carolina Medical Society to resolve Medical Society opposition to the establishment of primary care operations in health departments serving areas and populations where medical care is difficult to obtain. Currently 17 local health departments are in the new primary care system. Further expansion awaits the Task Force report.

Eight physicians have been named to the Task Force to represent the private sector: Jim Davis, Durham, Chairman; Joseph B. Warren, New Bern, President-elect of the Medical Society; Harvey Estes, Durham; Frank Lada, Chapel Hill; David Williams, Thomasville; Austin Hyde, Rutherfordton; W. T. Armstrong, Rocky Mount; John A. Kirkland, Wilson.

Representing the public sector are: Mrs. Isler and Mrs. Lossiter; Dr. Jacob Koomen, state health director; Dr. Iso Grant, assistant director for local health services; Dr. Marjorie Strawn, Caldwell County Health Director; Dr. Verna Barefoot, Craven County Health Director; Dr. Jesse Williams, Cumberland County Health Director; Dr. Gordon DeFriese, UNC School of Public Health Research Center.

Governor Hunt's charge to the Task Force is to make recommendations that will address (1) improving communications among people involved in health care; (2) clarifying the role of the public vs. private sector in the delivery of health care; and (3) eliminating gaps in our existing health care system.

Rogers appointed to Medical Care Commission

Mary Edith Rogers of Gastonia, director of the Gaston County Health Department, has been appointed by Governor James B. Hunt to the North Carolina Medical Care Commission. She was one of two qualified nurses recommended for the appointment by NCNA.

The 17-member Commission licenses hospitals, other outpatient surgical facilities, and nursing homes; administers loans and scholarships for health-related manpower, regulates ambulances and emergency medical services; and issues revenue bonds to build hospitals and related facilities.

Mrs. Rogers, a past president of NCNA, has 30 years of experience in public health and extensive experience in health planning. She is former secretary of the Southern Piedmont Health Systems Agency and has served on numerous state and local health planning groups.

NCNA launches year-long study of 'Entry into Nursing Practice' issue

A Study Guide on Entry Into Nursing Practice has been developed by an ad hoc committee of NCNA and is being disseminated widely to stimulate study of the issues and implications of the baccalaureate degree as preparation for entry into professional nursing.

Each nurse who registered for the 1978 convention received a copy of the Guide as a part of convention working papers. A program session focused on how to use the Guide.

Copies now may be purchased from NCNA headquarters for $4.00 for members and $6.00 for non-members (prices include $1.00 for mailing costs.)

Proposed MCE hours lowered to 40/biennium

The Task Force on Mandatory Continuing Education for RNs and LPNs is assessing input received at eight conferences held in September across the state, studying in depth the comments and suggestions received.

The Task Force has already reduced its proposed 60 hours of approved continuing education per biennium for relicensure to 40 hours.

More than 1,500 registered nurses, licensed practical nurses, employers of nurses, providers of continuing education, and others with interest in continuing education for nurses attended the meetings.

Phase I as proposed by the Task Force will be a requirement that inactive nurses seeking active status, nurses seeking reinstatement, and nurses seeking licensure by endorsement complete an approved refresher course as proof of competence, to be effective July 1, 1979. Authority for this requirement is already in the Nursing Practice Act. Rules and regulations for implementing this requirement will be the subject of a public hearing to be announced by the Board of Nursing in the near future.

Much remains to be done in developing plans for Phase II, requirement of continuing education for relicensure of active RNs and LPNs. The input received at the statewide meetings is extremely useful to the Task Force and will be of great assistance as the work goes forward.

Purpose of the Guide is to provide content for individual study, discussion groups, lectures, panels, problem-solving, role playing, reading, etc., related to the issue of entry into professional practice. Through its use, it is hoped that nurses in North Carolina will have a better understanding of "where we came from, where we are, and where we are going."

The content is presented in nine modules, each a self-contained unit. Each module contains: Purpose, objectives, content outline, study questions, and bibliography. Registered nurses may apply for CERP credit for organized group study of any or all modules. Directions for CERP application appear in the appendix.

Development of the Study Guide followed direction by the 1977 NCNA House of Delegates that the Board of Directors initiate a study during the biennium of entry into professional practice. The Board is directed to report on the study to the 1979 House of Delegates. An important element of the project, therefore, is that individuals and groups utilizing the Study Guide respond to the ad hoc committee. Forms for this purpose are included in the Guide.

The ad hoc committee is chaired by Mary Lou Moore, Winston-Salem, instructor of neonatal intensive care nursing, Department of Pediatrics, Bowman Gray School of Medicine, and member of the NCNA Board of Directors. Other members are:

Martha Adams, Charlotte, (retired) director of nursing, Cabarrus Hospital of Nursing

Mary B. Bailey, patient care coordinator, Rex Hospital, Raleigh

Joyce Davis, supervisor, nursing service, Wilson Memorial Hospital, Wilson

Vercie Eller, Ed.D., assistant director, Health Programs: Nursing and Allied Health, Department of Community Colleges, Raleigh

Sammy Griffin, L.P.N., executive director, N.C. Licensed Practical Nurses Association, Durham

Dora W. Hunt, L.P.N., instructor, continuing education, Allied Health, Vance-Granville Community College, Henderson

Judith W. Kuykendall, chairperson, Career Option Nursing Education Program, Pitt Technical Institute, Greenville

Jeanne Margaret McNally, Ph.D., associate vice-president, Academic Affairs, General Administration, UNC, Chapel Hill;

Mercedes R. O'Hale, chairman, Associate Degree Nursing Program, Fayetteville Technical Institute

Carol A. Osman, director, Rex Hospital Nursing Education Program, Raleigh

Dorothy M. Talbot, Ph.D., chairman, Department of Public Health Nursing, School of Public Health, UNC-CH

(continued on page 10)

More RNs establish independent practice

Jeonnie Herbert, R.N., M.S.N., of Durhom is omong o growing list of North Corolino registered nurses estoblishing independent proctice.

Ms. Herbert hos begun proctice os on independent generolist nurse. Her purpose, she hos onnounced, is to encouroge individuols in their self-core proctices in regord to their stote of heolth.

One of the stote's first nurses in independent proctice is Dr. Virginio Stone, R.N., Ph.D., F.A.A.N., of Durhom. Dr. Stone is o speciolist in gerontology, ond her proctice includes consultotion, lecturing, workshop octivities, conference leoder, speoker. She is choirmon of the NCNA Division of Gerontologicol Nursing Proctice.

In Sylvo, Corol C. Stephens, R.N., M.S.N., is in privote proctice of psychotheropy ond mentol heolth consultotion. She is certified by ANA os o clinicol speciolist in psychiotric-mentol heolth nursing proctice. She provides services in individual, moritol, ond group theropy for odults, mentol heolth ond humon relotions consultotion, ond mentol heolth educotion progroms.

The stote's first nurse to estoblish full-time independent proctice is Jonet Compbell, R.N., Ph.D., of Roleigh. Her proctice, begun in 1973, includes individuol, fomily, ond group psychotheropy.

Other registered nurses who hove estoblished independent proctice ore encouroged to let us know. NCNA is interested in mointoining o roster of nurses in independent proctice, olong with on indication of the noture of the proctice.

Looking ahead to 1979 -- a busy legislative year

1979 will be o busy legislative yeor for NCNA ond ANA.

The 96th Congress convenes on Mondoy, Jonuory 15. The North Carolino Generol Assembly convenes on Wednesdoy, Jonuory 10.

The next Congress will deol with notionol heolth insuronce, hospitol cost contoinment, oppropriotions for nursing progroms, direct reimbursement of nursing services, the hospice movement, ond mony, mony other issues not yet even conceptuolized.

The Generol Assembly will consider recommendotions of the Cost Contoinment Study Committee, the Open Meeting Study Committee, the Governmentol Evoluotion Commission, the Study Committee on Pre-Paid Heolth Plans, the Study Commission on Aging, ond mony others. ERA will be on eorly ogendo item.

NCNA plons to initiote legislotion to odd nurses to the Professionol Corporotions Act, to odd nurse representotion to the North Corolino Drug Authority, ond to estoblish o Study Commission on Delivery of School Heolth Services.

The Januory-Februory **Tar Heel Nurse** will contain more informotion obout whot con be expected on legislotive issues of concern to nurses.

Applications are being accepted for positions in medical-surgical, maternal-child, and psychiatric nursing. Master's Degree required. Private liberal arts, coeducational, senior college, approximately 250 nursing majors. NLN accredited baccalaureate degree program. Contact:

Dr. Sue Hunter
Nursing Education Department
Atlantic Christian College
Wilson, N.C. 27893

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from New Hanover Memorial Hospital

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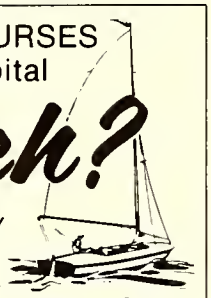

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contact:
Ann Perry, Employment Manager
New Hanover Memorial Hospital
2131 S. 17th Street
Wilmington, NC 28402
919 / 763-9021

STUDY GUIDE...

(continued from page 9)

Morgoret A. Whittington, director of nursing service, Darotheo Dix Hospitol, Roleigh

In odditian, contributors to the content of the Guide were:

Russell Eugene Tronborger, odministrotor for nursing, Moses H. Cone, Memoriol Hospitol, Greensboro; Virginio Gover, Ph.D., Professor, UNC-CH School of Nursing; Terri Lowler, director of continuing educotion, ECU School of Nursing, ond ossociote director, Eostern AHEC; Sylvio Freemon, former public heolth nurse, Rockinghom County Heolth Deportment, Reidsville.

CONVENTION...

(continued from page 1)

by the Boord of Directors to solve o persistent problem encountered by the Membership Committee -- complexity of o dues structure thot permits o possible 297 different dues poyments. District dues now vory from $1.50 to $10.00.

The uniform $5.00 district dues will be effective December 1, 1978, ond will opply to oll members with expirotion dote of December 31, 1978. Members who hove olreody paid their first instollment ot the old rote will continue to be billed ot thot rote for their second ond third instollments.

Another omendment opproved provides thot the vice-president will choir the Membership Committee. This recommendotion originoted with the Boord of Directors to give greoter stotus to the Membership Committee, to increose direct Boord input into membership promotion os o high priority, ond to enhonce lioison between the Boord ond the committee.

Other bylows omendments were odopted to clorify present longuoge ond focilitote functioning of structurol units. New bylows reflecting the 1978 omendments will be ovoiloble soon.

Another significont oction of the House of Delegotes wos o unonimous vote to recommend to the Generol Assembly thot o study commission be estoblished on delivery of school heolth services.

In other octions the delegotes:

- Reoffirmed NCNA's friendly, collegiol, ond colloborotive relotionship with the North Corolina Boord of Nursing.
- Recommended to the Notionol Council of Stote Boords of Nursing thot its Seorch Committee select condidotes for the position of executive director who ore visible ond supportive members of ANA.
- Directed the Bylows Committee prior to the next convention to consider chonging the word "choirmon" to "choirperson" in NCNA bylows.
- Extended oppreciotion to heodquorters stoff for their dedicotian, willingness to serve the members during severe finonciol constroints with no solory increoses, ond continuing high quality of leodership ond service to members.

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Raleigh	**919/872-7100**
Winston-Salem	**919/723-9615**

Academy of Nursing names NCNA members as fellows

Two NCNA members have been named fellows of the American Academy of Nursing and were among 50 admitted for 1978 in ceremonies held in September in Washington, D.C.

They are Ora Strickland-Davis, R.N., Ph.D., assistant professor, UNC-Greensboro School of Nursing, and Helen D. Kaldjeski, R.N., Ph.D., assistant dean and director of graduate studies, East Carolina University School of Nursing, Greenville.

The admission of fellows took place during the Academy's annual scientific sessions, which focused on "Nursing's Influence on Health Policy for the 80s."

Dr. Davis was a recipient of one of the first fellowships awarded through ANA's Registered Nurse Fellowship Program for Ethnic Minorities. She has gained a national reputation for her study of the moods and symptoms of expectant fathers. She is also known for videocassette production, "Giving Emotional Support to Parents of the High-Risk Newborn."

She is also active in the health care policy area. She spent the summer of 1977 as an ANA legislative intern formulating policy relating to health care legislation through the offices of U.S. Senator Lee Metcalf (D-Montana). She is chairman of Nurse-PAC, NCNA's political action committee, and a member of the NCNA Core Legislative Committee.

Dr. Koldjeski recently held major posts with the National Institute of Mental Health. She is known for her research on the need for psychiatric mental health nursing which served as a basis for innovative curriculum now being taught. She developed models for community health nursing in rural and semi-urban communities.

Dr. Koldjeski is trying to define more clearly the mental health component of primary health care. She also is focusing on the development of social-psychological strategies for bringing about changes in the system within which nurses practice. An upcoming book on this subject, according to one nursing expert, has the potential of becoming a breakthrough for the profession in general.

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P. O. Box 548
Rowland, North Carolina 28383

Nurse-PAC elects officers at meeting in Asheville

At its annual meeting during convention in Asheville, Nurse-PAC elected the following officers for 1978-79:

Chairman, Ora Stricklond-Davis, Greensboro; Vice-Chairman, Jane M. Mitchell, Chapel Hill; Secretary, Johnea D. Kelley, Durham; Treasurer, Candace Currin, Raleigh. New trustees elected were Edward Turowski, Morganton, and Sue Harvey, Charlotte.

Contributions may be sent to Treasurer Candace Currin, 712-D Howes Court, Raleigh, N.C. 27608.

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Mark Your Calendar

December 15, 1978
NCNA Board of Directors, Headquarters

February 22-24, 1979
SNANC Convention, Winston-Salem

October 21-24, 1979
NCNA Convention, Royal Villa, Raleigh

November 9-11, 1979
ANA Scientific Sessions, Nashville, Tenn.

About People . . .

Dr. Kotherine B. Nuckolls has been named professor and chairman of primary care of the UNC-CH School of Nursing. She formerly was associate director for Mountain AHEC in Asheville. She will be responsible for the primary care program at both graduate and undergraduate levels. . .Since Dr. Nuckolls left MAHEC, **Hettie Nogel** has been serving as acting associate director . . . **Dr. Glenn Pickord** of Chapel Hill has been appointed by Governor Hunt to the North Carolina Board of Nursing, to fill the unexpired term of Dr. Neil Bender. The term expires in January 1981. An associate professor of medicine at the UNC School of Medicine, Dr. Pickard also is medical coordinator for the Family Nurse Practitioner Program in the UNC School of Nursing . . . **Borboro DeRenne Lee** is now operating room supervisor at Catawba Memorial Hospital. She formerly was director of nursing at Richard Baker Hospital in Hickory . . . President Eugene Tranbarger recently made several appointments to fill vacancies on NCNA committees and commissions: **Mory Hindelong**, Winston-Salem, to the Commission on Member Services; **Willie Kennedy**, Winston-Salem, to the Commission on Health Affairs; **Sondro Hedrick**, Greensboro, to the Commission on Practice; **Betty Erlondson**, Greensboro, to the NCNA-NCLN Joint Committee on Education . . .**Connie Mullinix**, former chairman of the NCNA Family Nurse Practitioner Conference Group, is teaching at the University of Wisconsin-Milwaukee School of Nursing and continuing practice as a FNP . . . **Potricio H. Conklin** has joined the staff of the Durham County Health Department as maternal-child health nursing supervisor. She formerly was assistant professor of community nursing at North Carolina Central University . . . **Lydo Ruth Betts**, supervising nurse, recently retired after nearly 34 years in public health nursing in Durham County. She was honored by the health department staff at a luncheon . . . Grace Hospital in Morganton, has named two nursing quadrants in honor of recently retired nurses: **Zonie Coffey Houston**, who retired last May as assistant director of nursing, and **Helen P. Strother**, who retired in July as nurse anesthetist. Both are graduates of Grace Hospital School of Nursing. The special ceremonies were held in September at Grace Episcopal Church in Morganton . . . **Noncy Sumner** of Rockingham is the new chairman of the NCLN-NCNA Joint Committee on Education. **Corol Osmon** of Raleigh is now vice-chairman, and **Joyce Dovis** of Eureka is secretary . . . **Kotherine Moultsby** has been appointed assistant director of nursing service at Alamance County Hospital. She formerly was patient teaching coordinator at the hospital . . . **Normo Jeon Lockridge** of Sanford has won a Mona Louise Currie Scholarship for 1978-79. Mrs. Lockridge is one of two RNs enrolled at the UNC-CH baccalaureate program to win the scholarships . . .**Jeon Averett** has been named nursing director for the Granville-Vance District Health Department . . . District Eleven has nominated three of its members for the J. B. Lippincott Creative Nursing Award. Nominated are **Elvo J. Butler**, nursing supervisor for the Caswell-Chatham-Person-Lee District Health Department; • **Jonie Mitchell**, family nurse practitioner and member of the UNC-CH School of Nursing faculty; and **Turk Jomes**, nurse clinician at Duke Medical Center. The national winner will be awarded $5,000 . . . **Elinor E. Leonord** of Concord has joined Carolinas Hospital Improvement Program (CHIP) as a nursing consultant. She formerly was associate professor of nursing at UNC-Charlotte. . . **Koy K. Chitty** of Charlotte has been appointed to a four-year term on the Mecklenburg County Area Mental Health Authority . . . New officers of the NCNA Collective Bargaining Council are: **Joon Bounds** of Durham, chairman; **Lindo Brown** of Morganton, vice-chairman; **Dione Meelheim**, secretary . . . **Osceloo Jurosh** of Elizabeth City, District Health Department nursing director, received the NCPHA Merit Citation for continuing excellence in her role.

NEWS BRIEFS...
(continued from page 8)

Prentice-Hall. Ms. Zentner is a workshop leader and lecturer and member of the faculty at Lenoir-Rhyne School of Nursing.

● A conference on "The Politics of Maternal-Infant Health: Clinical and Societal Imperatives for Nurses" will be held December 5-8 at the Sheraton Atlanta Hotel in Atlanta, Ga. It is co-sponsored by the ANA Division of Maternal-Child Health Nursing Practice and The National Foundation-March of Dimes, in cooperation with the Emory University School of Nursing.

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